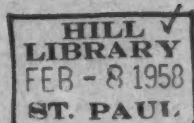


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NATIONAL PROBATION AND PAROLE ASSOCIATION

Journal

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Juvenile Institutions and Aftercare

THOMAS D. GILL: When Should a Child Be Committed?

DONALD G. BLACKBURN: Institutions for Juvenile Delinquents—A Review of Recent Developments

DALE AND MARGARET HARDMAN: Three Postulates in Institutional Care

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LESTER E. WOGAHN, EDITH SOMMER, AND LAWRENCE LARSEN: An Experiment in Group Placement of Juvenile Parolees

FRANK L. MANELLA: Aftercare Programs

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NATIONAL PROBATION AND PAROLE ASSOCIATION

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When Should a Child Be Committed?

THOMAS D. GILL

Judge, State Juvenile Court, Hartford, Connecticut

INEVITABLY, an active juvenile court judge will be called upon with great frequency to consider the commitment of boys and girls to correctional institutions. Inevitably, too, no matter how lengthy his tenure of office, he will experience on each such occasion some resurgence of the misgivings which played so vivid a part in his first commitment. To some small degree, this is his reassurance, however trying, that he has not become a victim of judicial megalomania, that the humaneness and humbleness of spirit so essential to his administration of justice have survived both the numbing impact of long exposure to human shortcomings and the creeping arrogance so often implicit in unlimited authority. This quickening of anxiety and compassion is the judge's best evidence that he

has not grown callous to the immense importance of the decision involved in abridging the most fundamental and perhaps the dearest of all human rights, the union between child and parent.

The judge's emotions, then, may well play a legitimate part in properly focusing for him the implications of his decision and perhaps to some degree may guide him in the manner in which he interprets that decision, but they must never become its chief concomitants. An emotionless judge will find it difficult to serve his office well—an emotional judge, impossible.

Visceral Thinking

Pity honors, even as anger discredits, its possessor, but both will and do betray the judge's efforts to protect the community and serve its youth.

The blurred lens of pity can distort the fact that to place a youngster back in exactly the same circumstances which have repeatedly defeated him without either modifying the circumstances themselves or improving his ability to cope with them is neither kind nor understanding. Actually, it is hypocritical, for the judge is exacting from this youngster what he already knows he is incapable of giving. Although the child and his parents may be grateful for what seems to them a new opportunity, the judge knows the essential injustice of demanding the impossible of the child. He has granted the child and his family a lightning flash of happiness at a price which no one can accurately calculate, save that it will be beyond the youngster's ability to pay. Eventually, bearing additional scars from his new and needless encounters with an intolerable situation, and with a deepened sense of his own failure, this youngster will return for the judgment that should have taken place before.

The fact that anger or indignation should not intrude themselves into judicial deliberations does not, on occasion, prevent them from appearing, sometimes under circumstances so convincing and plausible that the judge can successfully rationalize that they played no part in his conclusions whatsoever. So often, as these circumstances facilely arrange themselves in the judge's mind, he is not in any sense getting back at the arrogant, indifferent youth who sits before him. He is merely teaching this young man that the realities of life include respect for the representatives of authority; it is, therefore, authority that is being upheld when such a boy is committed, rather than the

wounded feelings of the judge. If the disposition so ordered seems inconsistent with all the prehearing investigative facts concerning the child's character and needs, it is naturally a tribute to the greater perspicacity of the judge that the errors of the report were discovered in time.

It may be true, as Bertrand Russell once stated, that "We never feel so good as when we are punishing someone," but the judge's judicial well-being cannot be built on the costly ingredient of anger; commitments so made inevitably leave to a perhaps applauding and impressed community a legacy of hostility and multiplying troubles. Authority, dependent as it is for its success upon lack of animus, cannot afford the crippling handicap of angry words.

Once freed from visceral thinking, a judge has no need to wander in a judicial wilderness when confronted with the all-important question of whether in a given situation a commitment is a necessary and positive step. If the court over which he presides is a juvenile court in more than name only—that is, if its philosophy of individualizing the child is implemented by the skilled staff necessary to diagnose and treat children—he will have at his command information and resources which will make the answer to his query the scientific, objective solution it deserves to be.

In this article, four principles which appear to be inescapably a part of a decision involving commitment are considered. Implicit, of course, in such consideration, is the key assumption that the right of the court to make any disposition whatsoever has first been properly established by procedures completely consonant with due process of law.

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1. The Youth's Pattern of Behavior as Exemplifying His Needs

It would be idle to pretend that the overt act which brings a child to the juvenile court is of no particular significance in arriving at the nature of his disposition. Clearly, the overt act is important in the sense that it generally colors the attitude of the child and his parents toward the intervention of the court, even as it so often conditions and affects the reaction of the community toward the child. Yet the key to individualization is that the overt act must not become the sole determinant of the disposition. The judge must be able to distinguish between what the child has done which necessitated his referral and his overall pattern of behavior, of which the specific act in question may or may not be an integral part. Only when a judge has trained himself to think in terms of this pattern will he be able to benefit fully from the skilled services which have been attached to his court and send to training schools and correctional institutions the type of youngster who may really benefit from their programs in the sense that they will find there some help for their particular needs and problems.

It is easy to oversimplify in dealing with the various types of delinquent behavior, but it is also possible to become so involved in the numerous refinements of conduct of delinquent children as to make it virtually impossible to arrive at reasonable and workable methods of classification. Probably no more forthright or common sense yardstick has been evolved for the practicing judge than that which may be fashioned from the Cambridge-Somerville studies on

delinquency,¹ a yardstick which in its essence requires that each case be analyzed in terms of three essential criteria:

1. The frequency of antisocial behavior.

2. The seriousness of that behavior.

3. The child's attitude toward his actions, adults, and adult authority.

If a child persists in delinquent activity despite such assistance as the court can bring into his life through skilled supportive help, if these acts are intrinsically serious—measured by the degree to which they affect the rights of other people and consequently the attitude of these selfsame people toward the child, and if the child's attitude toward adult authority is one of continuing defiance or resistance, it can be assumed that here is a child who is advertising his inability to handle community responsibility.

"ONE-SHOT" OR ESTABLISHED DELINQUENCY?

This yardstick advances the judicial process one important step by making evident the difference between such a child and the casual "one-shot" delinquent who has blundered into trouble through his friends of the moment, the restlessness engendered by boredom, the familiar teen-age need for status and recognition, or other reasons divorced from deep-seated personality and environmental factors. When, however, it has been determined that this "established" delinquent cannot be assisted through the normal processes of probation because his areas of failure in the

¹ Edwin Powers and Helen Witmer, *An Experiment in the Prevention of Delinquency: The Cambridge-Somerville Youth Study*, New York, Columbia University Press, 1951.

home, school, and community substantially outnumber those of his success, there still remains for determination the all-important question of how the additional structure so obviously required can best be obtained.

INNER PRESSURES

To answer this question, it is necessary to know whether the child whose pattern of activity presents him as an "established" delinquent has arrived at this pattern through inner conflicts or emotional disturbance, or because of environmental or sociological pressures which have both taught and nurtured his delinquent behavior.

Representative of one of these two extremes of delinquent behavior is the emotionally upset child whose community difficulties stem from inner tensions generated by destructive personal relationships, usually within his own family circle. This is the child who presents basic problems of understanding and with whom no one usually has any effective or helpful relationship. Generally, he is a child who operates on impulse, is quickly changeable in mood, and cannot reconcile the wish to remain at home with a craving for excitement as the principal satisfaction of living.

For such troubled children, whipped by their emotions, the assets of the training school must generally fall short of positive help since the program presumes an ability to relate and persevere quite beyond the capacity of children as disturbed as these. They belong, whenever possible, in special treatment centers that can offer them the cushioned care, the carefully tailored routine, that their explosive personalities require. The judge has a responsibility to recognize and point out the funda-

mental differences in the patterns of this emotional delinquent and his social counterpart who will be presently discussed, and to crusade for facilities which will have a realistic chance of rehabilitating the former group rather than burdening the training schools with the frustrating and generally hopeless situations which stem from misplacement.

OUTER PRESSURES

As contrasted with these emotionally upset children whose problems prove particularly challenging to judges because so many of them have not yet reached their teen years, there is the so-called "social" delinquent, generally a pseudo-sophisticated, somewhat aggressive adolescent living in or near the marginal areas of his community who either does not know or cannot recognize basic normal standards of behavior. This is the type of youngster who is generally associated in the public mind with the word "delinquent" and who, if he has taken on the pattern of the "established" delinquent, can be aided and helped by a training school. He is the child who has become thoroughly indoctrinated in the street corner point of view toward authority and restrictions, the child whose loyalty to friends has won out over loyalty to family, but who still has recognizable vestiges of fondness for his parents, is still approachable by adults not manifestly authoritative by profession, and possesses an essentially undamaged personality which is capable of learning the right as it has already absorbed the wrong. Generally, this type of youngster has not been short-changed in terms of affection by his parents—whose inadequacies have more often manifested

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themselves in the form of unsatisfactory and inconsistent guidance and direction.

This boy can be aided by the modern correctional school, although in the community he is temporarily unable to assume responsibility for himself through a complete loss of direction and blind adherence to curb-stone standards; because of this, he requires protection from the situations his own inadequacies create. In essence, his personality permits of retraining.

RETRAINING THE SOCIAL DELINQUENT

Among the reasons sustaining hope of a positive result, these might be noted:

In the training school it is often possible to give this poorly socialized child a taste of some of the rewards of acceptable behavior, the accolades that accompany success to which, of course, he was obliged to remain a stranger in the community since his activities there have consistently brought him condemnation instead of approval. The social delinquent has not been able to face up to the necessity of adapting himself to the rights of his fellow man, but in the persistent face-to-face relationships of the training school, there are real pressures upon the child to learn means of getting on with and respecting the rights of others, both adults and children; indeed the essential security of his day-to-day routines depend upon his doing so since he is denied the protective anonymity which he relied on as a member of the community. For normal socialization of a child and the development of an adequate conscience, there should be in his environment a relatively stable adult figure who can give him comradeship

and understanding and serve as a pattern for his behavior. In his community living, the established "social" delinquent denied himself, or to some degree was denied, proper teachers, but within the school such denial is difficult. From involuntary exposure to a number of adequate adults, there is real hope for change.

Subject to the considerations discussed in principles 3 and 4 below, the established "social" delinquent who has not responded to community treatment can be properly considered for a training school with real hope for favorable results if the school is genuinely dedicated to and capable of carrying out a rehabilitative program.

WITHOUT FACILITIES, WHAT?

For the unhappy judge who can expect virtually no help in determining the basic pattern of the child's behavior because of his court's lack of a trained staff, for the unfortunate jurist who knows that his state training school represents naked detention and nothing better, even perhaps something worse, there can be but one governing principle: to resolve every uncertainty in favor of the child and his home; to commit solely on the basis of unmistakable need for community protection. Lacking on the one hand the facts essential to accurate diagnosis and denied on the other a good training program for delinquents, the judge dares not assume that any beneficial results can accrue from his action save the protection of the community which enforced segregation guarantees. This does not minimize the importance which should be attached to this primary court responsibility, but makes certain that the inherent rea-

sons underlying the decision to commit are understood by all, including the judge.

Even the contention that a commitment will have a deterrent effect on other children is highly suspect. Unfortunately, the confirmed delinquents who are, of course, the prospective candidates for commitment, whether their difficulties be social or emotional, remain blindly satisfied with their established patterns of activity, quite impervious to arguments and facts directed toward behavior changes. These delinquents, either mesmerized by group example or imprisoned by their own emotions, are dedicated to the maxim, "It can't happen to me." On the other hand, the children capable of absorbing the logic of the situation do not particularly need this type of teaching since they would never, in any event, become candidates for commitment. As to the one group, then, it becomes a lesson wasted; as to the other, a superfluous demonstration of the obvious.

How long such a judge and the community he serves must deny themselves the hope of truly helping children would depend on how long it takes to demonstrate to the citizens concerned that there is no magic, *per se*, in the Juvenile Court Act. Indeed, in some respects it is far more dangerous than no act at all, inducing as it easily may a sense of complacency concerning a program which, in fact, has never emerged from the statute books.

2. The Protection of the Community

A judge of the juvenile court is in no sense negating the spirit of the law under which he operates by forth-

rightly acknowledging his duty at all times to protect the well-being of the citizens he serves. On the contrary, it is his responsibility to see to it that help and treatment for delinquent children shall be brought to them in a manner and under conditions consistent with the collective security.

Because the vast majority of children coming before the juvenile court are not seriously damaged in personality or irrevocably committed to the satisfaction of primary needs through antisocial behavior, the judge who is fortunate enough to be complemented by an adequately trained and supervised probation staff can be quite certain that in a very heavy majority of his cases probation will bring to the child concerned the "care, guidance, and discipline" he requires while insuring reasonable protection for the community.

There are those, however, who assume the community is in danger the moment "help," "treatment," and "probation" are mentioned; as they would have it, these terms are synonymous with the toleration of lawless conduct.

In time, there will be few to dissent concerning the essential wisdom of a method which preserves and utilizes the child's existing strength as the point from which to attack his weaknesses. Until, however, it has become accepted that it is illogical and unnecessary to resort to the uncertainties and dangers inherent in the total rebuilding job (which is commitment) when the remodeling afforded by probation can achieve the same end with far less risk, such criticism will continue. The informed judge will attempt to meet it forthrightly, not by equivocating concerning the efficacy of probation.

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This particular statement as to the desirability of probation in a children's court seems worthy of reiteration here because of the dangers of distortion and overemphasis inherent in an article attempting to evaluate the reasons which make commitment the proper course in certain cases.

With the total picture thus in focus, it can now be stated that there are unquestionably cases where due consideration for the well-being of the community unmistakably requires that any help rendered the child shall be in a protective setting such as is typified by the training school. Fortunately, since one of the hallmarks of the "established" delinquent is ordinarily the demonstrated seriousness of his conduct as measured by its impact on the community, it is true that in many cases the needs of the delinquent and of the community complement rather than oppose each other. The same pattern which has posed a real threat to the peace and well-being of the community has likewise destroyed the child's ability to function within the natural orbit of his home, school, and neighborhood, and gives emphasis to his need for change. Thus, whichever approach is given the greater emphasis, whether the court gives expression to its concern for the child or the community, the indicated treatment remains the same—the need for restricted and structured living.

SELF-DAMAGING DELINQUENCY

There is a group of cases, however, with which every judge is familiar. These children have a long history of rebellion against authority, but their pattern of conduct does not pose the obvious threat to the collective security generally implicit in the

more common offenses against person and property. Youngsters in conflict with home or school authority (running away, truancy, improper friends and routines) are not generally so inherently dangerous to the community as to necessitate protective action for civic reasons alone. They can be and need to be judged against the particular intent of the governing delinquency statute. In almost every state, as in the Standard Juvenile Court Act, this was designed to and does bring before the court not only children who have done what, if committed by adults, would be considered criminal in nature, but also those whose behavior is prejudicial to their own present and future well-being. These children, basically in conflict with themselves rather than with their neighbors, have been brought within the court's jurisdiction because they need help with conduct both self-damaging and socially unacceptable, not because the community stands in jeopardy from their acts. Knowing this, the judge will be particularly insistent that persuasive facts be adduced to show how conduct primarily self-destructive and noncriminal in nature challenges community safety.

This approach will encounter its greatest difficulty in the cases emanating from the public schools. As the American Dream of Education for All has expanded, it has asked educators to carry more and more children further and further along the highway of compulsory education without providing adequate exits for those intellectually and temperamentally ill-suited to the journey. Unable to provide the educational experience that the Dream in its present form demands, denied the right to grant to some faltering misfits the realistic suc-

cor of selected work experience, these harassed trustees of our state's educational ambitions turn to the court for deliverance from their problems. Because too often it is the only exit, the schools are compelled to try to squeeze through it many children that they and the courts know do not belong there.

As the guardian of this exit, the judge must see to it that the fault does not lie more in the demand than in the response. Some educational systems do not distinguish between a situation where a normal pupil has unreasonably and persistently revolted against equitable scholastic requirements and one where the fault lies more in unrealistic educational goals than in the bewildered student's shortcomings. In the first situation, due regard for the total well-being of the school should conceivably make commitment the proper course, for an ability to so conform is an essential prerequisite of citizenship in any group situation. In the latter case, justice to the child struggling beyond his educational depth would deny the school the relief that institutionalization might offer.

The judge should encourage school personnel to face and understand, as he must, the far-reaching implications of his decision for the child, which goes beyond the emergencies of today to the consequences of tomorrow. He should share with them what is the essence of the court's position, that there is often a wide divergence between what is theoretically and scientifically so and what is practically and humanely so, and that placement is never justified simply because children can physically be better provided for and more wisely treated

as wards of the state. There are numerous cases where quite obviously the children's physical and educational needs would be better served outside their own home, but the state's power to challenge parental rights rests not on parents' failure to insure to their children a maximum of care, but upon their inability to provide the minimum.

There remains that most pitiful group of children who are committed with only the smallest likelihood that they personally will gain more than such benefits as accrue to them by virtue of being freed from some of the irritations of home, school, and neighbors which have perhaps served to ignite their volatile temperaments, or through being temporarily spared the continued condemnation which is the inevitable by-product of their anticomunity actions. These children are so placed by the judge because their activities have definitely hurt the community and there is "nothing else to do" which will insure an end to their damaging behavior—behavior of such danger as fire setting, unpredictable sex activity, and senseless property destruction. These are the children already referred to whose prolonged and firmly fixed patterns of delinquency stem from inner tensions quite beyond the reach of the present design of most training school programs. Regretfully, such commitments must and do take place in every jurisdiction because the treatment facilities, public and private, capable of meeting the challenge of this unhappy group are rarely available for more than a fraction of the group concerned. The judge can only assure himself that all conceivable possibilities for realistic help

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have been canvassed before he utilizes what is generally restraint without cure.

3. Timing and Interpretation as Prerequisites of Commitment

Human nature being what it is, the parties most directly affected by commitment—the child and his parents—are inevitably the last to accept it as a necessary, proper, and conceivably helpful answer to the challenge of delinquent conduct. Yet, it would be thoroughly unwise to pretend that there is not at all times a direct correlation between the effectiveness of the correctional school's work with a given child and the degree of understanding and acquiescence obtained from the child and his family at the time of the commitment hearing. To a very considerable extent, the stage is set at this point for the ultimate success or failure of the institutional program to follow. Ideally, therefore, such acquiescence and understanding must be an avowed objective of every commitment, no less candidly sought for in each instance because in some it will lie beyond judicial reach.

It is unfortunately true that the so-called "right moment" to commit is never granted a judge in a situation which finds the child so thoroughly alienated from his community by nature of his action as to permit of no other course, even though he be legally a first offender. Yet, beneath the panic of such a child and his parents, sometimes hidden by the surface resistance and noncooperation it so often engenders, lies real need for the reassurance that all is not actually lost, reassurance that the child is going to receive help and not punishment.

Every commitment hearing, therefore, is a judge's opportunity to salvage from an almost completely negative situation the seeds of positive action. A perfunctory order can crystallize despair; a humane explanation and interpretation can turn hostility to hope. Even where emotional confusion temporarily strips the listeners of their ability to comprehend the import of the spoken word, they will subsequently recall the consideration of the judge's manner, the sincerity of his interest, and the patience of his approach. These, far more than naked authority, are the prerequisites of a successful commitment hearing.

Unlike those situations in which the judge has little legal choice or none at all, there are many others where circumstances permit the court to select or reject commitment at a given time. In most, if not all of these, the child's and parents' acceptance should be a major—conceivably the controlling—determinant. Children whose persistent if not spectacular failures give unhappy augury of things to come might well warrant commitment at the earliest stage of their court contact to spare them the social and emotional scars that further community living will inevitably entail. Kindness to some of these children, as I have emphasized above, dictates that there be a forthright ending to their hapless struggle. But if they have not fully digested the inherent helplessness of their situations, if they and their parents wish to persist against the overpowering odds, *and if the subsequent events can be so structured by the court as to reasonably insure recognition by them of their defeat upon the occasion of the next failure*, there can properly be

a postponement of the inevitable placement plan. It is unquestionably correct that some children need to get sicker before they can hope to get better.

Among such cases, judges will recognize boys and girls who, enveloped and smothered by unreasoning parental protection, have been denied an opportunity to measure their conduct against reality. They need a chance for such an introduction before commitment.

4. Realistic Classification

One of the persuasive arguments advanced on behalf of Youth Authority laws is the acknowledged need for proper study and classification of youthful offenders so that their rehabilitation may be undertaken at institutions where appropriate facilities geared to their actual needs exist. No less obligatory for the successful operation of a children's court and no less a part of its reason for being and its history is the scientific study of the child and an ensuing willingness on the part of the judge to utilize basic classification data. Criticism can properly attach to a court which shows little interest in whether the child brought before it is psychotic, feeble-minded, or otherwise so organically damaged as to make his presence in a correctional school a perversion of all the principles which presumably structure the court.

NO HUMAN LOTTERY

Even if the community fallaciously assumes the correct thing is being done for the rehabilitation of the child, the judge knows the unpleasant actualities; he knows not only that the child is being denied proper assistance, but that the school concerned, unreasonably harassed by the

crippling burden of such a misplacement, is being seriously impeded in its efforts for those who really belong there. If a judge lacks the tools for proper study, then, as has been stated, he should make it understood that the court cannot properly protect the community until it knows the physical and mental make-up of the children it is dealing with. Too often, the demand for clinical service has emphasized its value to the individuals served rather than the patent fact that complete community protection and intelligent use of existing community resources must be predicated on the creation and employment of such service. Those who doubt the need for the study of human behavior, who regard it as an expensive "frill," should not be permitted to forget that if the individual gains through an objective scientific evaluation of his ability to function in society, so too does society itself necessarily find far more realistic protection.

A judge, if any there be, who fatalistically accepts the nonexistence of such service or who phlegmatically condones the absence of facilities for feeble-minded or psychotic children by committing them without protest to a correctional school, has done his office, the child, and the community a great disservice. He will, of course, find that no institution actually wants these signally unfortunate children. Doors are not readily opened to the dispiriting pattern presented by the union of organic handicaps with delinquent conduct. Yet, it is his responsibility to see to it that such children are sent where their primary problems can be adequately dealt with—if it is retardation, then in a school for the feeble-minded;

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When a juvenile court is unequivocally ready to individualize treatment of the child, it is automatically dedicating itself to the principles of classification, to the philosophy of matching the need with the treatment facility, an approach which has been basic to the operation of leading children's courts for many years before it was rediscovered with the creation of the Youth Authority acts. When the court is unable or unwilling to so individualize, its commitment policies can take on the hit-or-miss attributes of a human lottery.

The Limits of Precedent

The juvenile court deals in human situations. These situations, characterized as they are by an infinite number of shadings and circumstances, do not lend themselves easily to definite rules. Even what has been set down here may seem to many presumptuously definitive. It was this conviction

that prompted Judge Cardozo, in speaking of the duties of a juvenile court judge, to say: "He has to decide human questions which cannot be settled merely by citing old precedents. You cannot chart the future of a boy or girl or family by repeating what a learned judge said in a celebrated case." Therefore, though a judge of a juvenile court may turn with some assurance to the statutes and case law of his state for the answer to his inquiries concerning jurisdiction or procedure, he soon discovers that the cumulative wisdom of the law stops just where the area of his greatest responsibility and decision begins. With the certain knowledge that this vast treasury of legal learning can avail him little, he must, for his own peace of mind, turn to and make welcome in his court the sciences of human behavior. For only out of their partnership with the law can come the principles of disposition which will truly serve justice in a children's court.

Institutions for Juvenile Delinquents

A Review of Recent Developments

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APPROXIMATELY 350 institutions in the United States serve adjudicated delinquent children. This number includes the federal training school, 125 state training schools (60 for boys, 51 for girls, and 14 coeducational), about 35 county or city training schools, 11 state reception and diagnostic centers, 42 forestry camps, and about 135 training schools under private auspices.¹ It is estimated that on any one day the public institutions have 30,000 delinquent children and 12,500 employees,² and that the private training schools have 10,000 children and 4,000 staff members. In 1956 the national average per capita cost was approximately \$1,850 a year in the public training schools alone. At least \$56,000,000 of public funds is being spent annually for operational costs only, excluding capital expenditures for improvements and new facilities; the private institutions have an annual expenditure of about \$20,000,000. Any way you look at it, caring for delinquent children in institutions has become "big business."

¹ Estimated from data used by the U.S. Bureau of the Census in its 1950 Census of Institutions.

² In 1953, there was, as a national average, a ratio of one full-time employee (including administrative, professional, and operational staff) to 2.4 children.

These institutions are attempting to provide services that are among the most difficult to administer of any in the entire child welfare field. Their unique role is complicated by variations in ages of the groups served, locations of the schools, qualifications of personnel, physical facilities, and their organizational structure. Even more basic differences are found in the behavioral and delinquency patterns of the children, philosophies and concepts of treatment upon which the programs are based, community resources, and public understanding, support, and expectations.

Most people working in the field of juvenile delinquency believe that the training school program should provide the delinquent child with re-educative treatment geared to the development of a healthy personality and his successful return to society. They believe that through a new experience in community living the delinquent child can be led to realize that life holds many satisfactions for him which he can achieve by following socially accepted modes of behavior—not "because he must, but because he may."³

³ "A few administrators see the training school primarily as a custodial agency, with treatment secondary. A few regard its basic

Despite their complex functions, our training schools are swinging slowly but surely into well-balanced treatment-oriented programs and away from programs which serve primarily as a means of maintaining custody. Practically all training school children need a chance to develop and mature free from the warping influences in their homes or communities and to learn anew the values of, respect for, and experience in democratic living. Some may especially require remedial educational help; others, a period of controlled training. Some may need intensive clinical therapy; others, the experience of establishing a positive identification with a particular staff member; still others, relief from the demands of close personal relationships. Many need to acquire vocational skills to fit them for later livelihoods; many simply have to learn "to play by the rules."

Programs to meet these needs require the selective use of experiences in group living; educational and vocational training; religious influences; recreational activities; constructive contacts in the outside community; and psychiatric, psychological, health, and social services. These facts not only emphasize the importance of flexibility in the training school pro-

function as educational and see the process of correction and rehabilitation as an educative process. But leading thinkers in the field believe that the main purpose of institutional placement today is treatment and that training schools must be essentially treatment institutions with an integrated professional service, wherein the disciplines of education, casework, group work, psychology, psychiatry, medicine, nursing, vocational rehabilitation, and religion all play an important role." *Institutions Serving Delinquent Children—Guides and Goals*, Children's Bureau Publication 360, U.S. Government Printing Office, Washington 25, D.C., 1957, p. 2.

gram, but also suggest that each aspect of that program is a part of the treatment approach.

A treatment program cannot be carried out by any one particular discipline alone; it requires more than clinical services alone, or academic and vocational training alone, or custodial care alone. Each staff member is a member of the treatment team. No person should be engaged for maintenance work, for example, without thought given to how he will influence the social growth and development of the children. The mere fact that he is performing only maintenance operations does not mean that boys or girls may not identify themselves with him. Indeed, he may represent the only channel for reaching a particular child, for children frequently associate the work and skills performed by this group of employees with those performed by their own parents.

Staff Development

As schools recognize that each staff member is important as part of the treatment team, more attention is being given to selection of personnel and staff development. Work in training schools involves continuing guidance, direction, and staff training. The time-honored method of orienting new employees by the simple device of assigning them to work for a period of time with an experienced staff member is being broadened. Good job performance grows out of the employee's acceptance of certain concepts common to all staff. Time and effort are needed to teach this basic philosophy; one employee may in a very brief and limited contact undo the carefully planned work of many others.

Better supervision of personnel is being emphasized with the result that more administrative positions are being added to training school staffs. Good supervision is time-consuming; it consists of much more than a job-checking process. Regular staff conferences help each employee to evaluate his own job performance and to gain understanding of the job and insight into his own reactions to its duties and responsibilities.

Only by the systematic and continuous use of various in-service training and special educational techniques designed to acquaint the staff with their important responsibilities and the dynamics of human behavior can institutional personnel be helped to be more effective during the comparatively short periods the children are in their charge.

The use of training schools as field placements for graduate students in schools of social work has proven mutually beneficial. Schools of social work have also contributed by sponsoring institutes for training school personnel.

Treatment Emphasis

Clinical service in the training school has made considerable headway. In some instances, this may be no more than a façade of psychiatry, psychology, and social work—window dressing good for the morale of the administration but too limited to help children resolve their basic conflicts. But these specialized services are becoming more generally accepted, the specialists are being given more opportunity to share in shaping the institution's policies, and their philosophy and therapeutic approach are beginning to filter through from the superintendent's office to the classroom and workshop and cottage.

Diagnosis without subsequent treatment is valueless; treatment not based on diagnosis is impossible. Clinically-trained personnel must be available to direct or put into action what is prescribed. Treatment of the delinquent child depends upon what is known about him as well as upon the proper use of this knowledge. Our training schools today have a greater need for diagnostic study of each youngster, made either just prior to his commitment or shortly after his admission. Most training schools now have special staff committees whose function is to determine a treatment program for each child, review his progress periodically, relate his length of stay to his individual needs, and consider his readiness for placement.

Group therapy or group counseling has been gaining general acceptance in a number of training schools. The use of the group to further the individual's understanding of his problems and to motivate him toward self-improvement and self-perception is the main characteristic of group therapy. The group session is an expediency in some institutions—where there is a shortage of professionally trained personnel, particularly caseworkers—but there is no denying the therapeutic advantages of small discussion groups, skillfully guided by qualified personnel.

The increased emphasis on treatment also means more flexible educational curricula with more concern about the remedial aspects of the academic program, particularly for those children who will re-enroll in public schools. Adaptations of each child's school work to a level at which he can achieve, increased prevocational try-out opportunities, and special arrangements for some youngsters to

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attend the public schools in nearby communities are becoming standard practices in more and more training schools.

Public Relations

Among other developments leading toward more realistic and flexible training and treatment programs are the positive measures to break down the pattern of "isolation" that prevailed for many years. Recognizing that they need to be accepted as an integral part of the local community, training schools are establishing a freer give-and-take relationship with the larger community in which they are located.

They also are bringing more outside persons into contact with the program. In many instances volunteers are contributing to the recreational program as group leaders; or serving as Scout leaders, crafts instructors, and "big brothers" or "big sisters" to individual children; or playing vital roles in religious programs. The training schools are enlarging the opportunities for staff members to make contacts away from the schools and are forming good working relations with the public and the press. They are lending the use of some of their services and facilities to the community and calling upon the community for the use of some of its resources. Likewise, there is more participation by the students in off-campus activities, such as in summer camps, use of swimming pools, athletic contests and entertainments, religious services, trial home visits and extended vacations, and educational tours. All of these help to make the training school program a part of life in the community.

The greater use of outside resources for vocational training has enlarged

and enriched opportunities for such training by providing more realistic work experiences for older boys and girls. A few training schools permit boys and girls who are legally old enough and are able to benefit from such an experience to work in jobs away from the school.⁴

Family Relationships

The family is being involved in planning for the child's care in the institution. Just as schools have come to realize that they cannot treat the child in isolation from the larger community, they also recognize that they cannot treat the child as a social entity separated permanently from his family group. The child brings his family ties and other close personal relationships along with him when he comes to the school, and these continue to exert a strong influence upon him while he is there.

The reaction of the parents to the child's commitment and their attitude toward the school and its program may reinforce or detract from efforts to help him. The importance of working with the child's family to develop better understanding of what is needed to effect his total readjustment, including contributions to his support, has led many training schools to give more attention to the development of constructive parental attitudes and cooperation.

Modification of Behavior

Schools are growing in their understanding of the difference between the

⁴The Bureau of Employment Security of the U.S. Department of Labor (USES) has established cooperative agreements with about half of the state employment agencies for services aimed at providing specific assistance and vocational aids to training school graduates in job counseling, aptitude testing, and employment placements.

control of behavior and the permanent modification of behavior. This does not imply that control and modification are unrelated; on the contrary, they are related most intimately. The way in which behavior is controlled from day to day has a strong influence in shaping future conduct and changing a child's attitudes. Knowledge that behavior is affected by the individual's attitude toward society and self has led training schools to a more careful evaluation of their methods used in maintaining controls. Penalties that humiliate the young person, diminish his self-respect, shake his self-confidence, or confirm his feeling that the adult world is a harsh, unfriendly place are giving way to methods that, though sometimes less effective in altering immediate behavior, build self-respect, self-control, and confidence in others.

Recognizing that a child's attitudes cannot be improved unless he feels liked and wanted and important has led training schools to wider efforts to make the youngsters feel the respect and dignity essential to mental health. This refers particularly to carefully planned reception and orientation procedures for new students, and student participation in program planning. These are not frills. Decent clothing, palatable and attractive food, pleasant surroundings, and courteous handling are essentials in a treatment program; each is a right, not merely a privilege, of every child in the United States.

Security Units

Training school administrators are becoming concerned about the problem of the overly aggressive delinquent—the youngster who so often disrupts the program and takes a dis-

proportionate amount of staff time and energy. As the pendulum swings from custody-centered institutions toward treatment-oriented schools this problem becomes more serious. There seems to be no ready answer to the question of how the increasing numbers of this type of delinquent should be handled in the typical training school program.

Certainly, a security unit is not the answer in itself. Of course some youngsters require temporary care in physically secure quarters; indeed, both the aims of treatment and the protection of other people sometimes require it. But youth who are so lacking in self-control that they are unmanageable in the open program are not helped to develop such control by the simple process of restricting their freedom to vent aggression on others or on their property. If such care is to be more than custodial isolation, the program within such a unit must be geared to meet the needs of seriously maladjusted personalities. Dangers to be guarded against are that one institution may be created within another, and that close and consistent supervision may be lacking.

In other words, constant precautions must be taken to keep the security unit from being used without purpose. Unless its use is planned carefully it becomes, like corporal punishment, a crutch that destroys resourcefulness and eliminates consideration of the cause of maladjustment. Without extreme care, security will tend to dominate the total program and become an abused substitute for treatment. As a matter of fact, runaway youngsters and those who are belligerent and incorrigible—those usually assigned to a segregated or security unit—are in special

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need of study and understanding. They should be brought nearer to the best supervision the school can offer, not removed from it.

Personnel Practices

The five-day, forty-hour work week, now standard in many training schools, has raised serious problems with respect to maintaining continuity of program, operating within the budget, and keeping staff at authorized strength. In numerous instances, it has resulted in a shift from the cottage parents plan, involving 24-hour responsibility, to the single counselor system, with its three changes daily. On the other hand, this work schedule is also helping to make training school jobs more attractive to higher caliber people.

Other general improvements in employee status and working conditions have occurred, including specific job descriptions and operational manuals, a gradual increase in salaries and fringe benefits, elimination of the requirement of living on campus, and more time off in the evenings and on weekends.

Educational qualifications of personnel are being raised, generally. Seventy-five per cent of ninety-three state training school superintendents who answered a questionnaire in 1953 had had some graduate education. Forty-one of them had graduate degrees (seventeen in social work, fourteen in education, and ten in other fields). Six out of ten schools employed full-time social workers and two-thirds of these had had some professional social work training. (These latter figures probably would be higher today.) At least thirty-four states provide some psychiatric services, even though quite limited, to their training schools.

Expansion of Facilities

During the last fifteen years at least twenty new state facilities have been established, designed to care for a previously unserved group of youngsters or to reduce the load on existing facilities.⁵ Two states have recently taken over the administration of existing county institutions for delinquents. Other facilities, particularly boys' ranches in the Southwest, have been created under private auspices. But the most significant expansion in recent years has been the increasing use of forestry camps as treatment resources in the state structure for the control and treatment of delinquency.

Forty-two camps or ranches to serve about 1,800 youngsters have already been established in at least twelve states—California, Illinois, Maryland, Minnesota, New Mexico, New York, Ohio, Oregon, Pennsylvania, Utah, Washington, and West Virginia—and by the federal government (in Virginia). California now has at least twenty-six camps operating (three state and twenty-three county camps under state subsidy); these alone have an enrollment of about 1,400 and an "alumni" list of over 14,000. Arizona, Michigan, South Carolina, Virginia, and Wisconsin are considering developing such facilities.

Evaluative study of these camps is needed, not only to document their effectiveness as a treatment resource but to analyze the comparative costs of care and the potential dangers of exploiting youngsters in a program where the conservation of natural

⁵ See *Institutions Serving Delinquent Children—Guides and Goals*, supra, p. 33. Six of ten state training schools, including both boys' schools and girls' schools, have populations of more than 150 children—the maximum capacity recommended by the Children's Bureau for an institution of this kind.

resources involving hard physical labor has major emphasis.

For the eighth consecutive year national reports show a rise in juvenile delinquency greater in proportion than the increase in our juvenile population. This marked increase has been reflected in steadily increasing populations in the public training schools, most of which are filled beyond their designed capacity. Consequently, a considerable amount of new construction and expansion of facilities is going on today throughout the training school field. Emerging is a new type of architecture, attractive inside and out, which allows for a more flexible and constructive program of activities to replace enforced idleness and delinquency-breeding custody. This flexible, functional design provides for varied activity areas under visual control, with tempered glass-wall partitioning, individual rooms, and attractive yet durable furnishings and equipment. Today, we believe training schools should be planned to last a few decades rather than a century as formerly.

Although there is a definite trend toward building cottages for smaller groups of children, some schools are still planning for larger groups than the generally accepted standard of a maximum capacity of twenty children per cottage.⁶ A few states, including Connecticut, Kansas, and Washington, are recognizing that even smaller groups—more nearly family-sized and family-like—are necessary in treatment, and they are providing cottages for twelve to fifteen children.

Five years ago the average length of stay in the training schools for boys was ten to eleven months and

for girls fifteen to sixteen months; the trend now seems to be toward shorter training periods in the schools. Today's statistics indicate an average of eight to nine months for boys and twelve to fourteen months for girls in the more progressive schools. One reason for this is the pressure of increased commitments: practically all the state training schools are filled beyond their rated capacities; the result is reduction in length of stay in order to make beds available for new children as they arrive. Another reason is that improved clinical services and better diagnostic procedures are beginning to make a heavier treatment impact in a shorter period of time.

Administrative Structures

In recent years a number of states have reorganized administrative structure and management of state services to delinquent children. This has had a direct bearing on training school programs. The general trend continues to be in the direction of establishing separate agencies to administer services for delinquent children and vesting legal custody of them in the central administrative agency rather than committing children directly to the training school. In addition to the five youth authority states—California, Illinois, Massachusetts, Minnesota, and Texas—five other states now provide for this procedure (Delaware, Idaho, Ohio, Virginia, and Washington).

Advisory boards or committees for each training school, concerned only with that particular school's program and working directly with its administrator, have proven helpful in giving guidance to its program and in establishing and maintaining public understanding and support.

⁶ *Ibid.*, p. 43.

Agricultural Programs

There seems to be less emphasis in training schools today on the farm production program and more on vocational agricultural courses. Schools are taking a look at their expensive farm operations and the philosophy and policies behind them. They are recognizing that the principal value of an agricultural program lies in the vocational training and future job opportunities involved, rather than in the production of food for state institutions at the possible expense of exploiting training school youths.

Research

Training schools are learning the value of continuous study of the effectiveness—or the weaknesses—of their programs. Of the many interesting research projects now under way, space permits mention of only a few: measuring the effectiveness of aftercare supervision of varying degrees of intensity, including efforts to determine the proper size of caseloads; contrasting the results obtained in a selected group of training school children having intensive casework services with those in a similar training school group to whom such services are not available; comparing the vocational interests and aptitudes of delinquents with nondelinquents to determine whether any significant differences exist; determining the motivations and social status strivings of the leaders, followers, and the isolates of a cross section of a large training school population; evaluating various treatment techniques, including the group therapy process; and studying the dynamics behind runaways, the roots of hostile-aggressive behavior disorders, the effects of mental retardation on behavior, and the rela-

tion of reading difficulties to delinquency.

The most ambitious research project to date in a training school deserves special mention. A five-man team of specialists (in group therapy, psychiatric social work, group work, and psychology) at the New York State Training School at Warwick has just completed a three-year study; it explored the question of how intensive professional consultation, embodying several disciplines, can produce an integrated institution program and at the same time improve what can be done by the regular staff. Through the services of the project staff, an attempt has been made to inject into the current treatment program a variety of procedures which would significantly widen its scope.

Uniform statistical reporting procedures among training schools are rare, particularly with relation to per capita costs, AWOLs, and population movements. However, a national annual reporting program has been recently established by the Children's Bureau as one remedial measure.

Aftercare Services

Treatment is a continuous process that should not end until the youngster is successfully re-established in his community. This means that the entire task of rehabilitation cannot be done in the training school alone. The crucial phase of the rehabilitative process is the three-to-six-months period immediately after the child returns to his own community.

Although these principles are generally accepted, the placement and supervision of youngsters returning from training schools is still one of the weakest links in the rehabilitative chain. "What good does a train-

ing school program do a boy when he's sent back without adequate supervision to the home, community, or circumstances which led to his commitment?" The question is asked with irksome frequency but compelling justification, and it will continue to be asked as long as aftercare services remain in their present condition. A tremendous need exists for expansion of field counselor staffs, for increased guidance and supervision, for boarding home funds to permit placement where advisable in other than the child's own home, for subsidized group homes and "halfway houses," and for additional consultation and statewide planning services so that specialized resources and diversified services on the local level can be expanded and better coordinated. Family relationships, community attitudes, job opportunities, school readjustments, leisure-time facilities, guidance services—a weakness in any one of these may spell the difference between success and failure of the released youth.

Practically all state training schools now have available to them some sort of aftercare service. However, these programs are operated in various ways and with widely varying degrees of efficiency and effectiveness. According to the questionnaire responses from 109 out of a total of 129 state training schools in the United States and its territories in 1953, aftercare services were provided by the training school itself in twenty-five instances, by the probation department of the committing court in fourteen instances, by a state parole authority in eight instances, and by the state department of which the school was a unit in twenty-five instances. The remaining reported that the aftercare programs

were operated by various combinations of agencies: the training school with the probation department of the committing court, the state parole authority, the Youth Authority, or the local and state welfare departments; or by the probation department of the committing court with the state parole authority, the local and state welfare departments, or the state boards of control.

So many different plans of aftercare supervision are operating with such varying degrees of success that any agreement on the best administrative structure for the provision of aftercare is difficult to achieve. But the plan whereby the aftercare services are provided by a statewide staff, regionally located, serving all state training schools, and directly responsible to the state agency administering them, has gained widest acceptance. "Experience has demonstrated that effective placement and aftercare require continuous cooperation with the training school from the time of the child's commitment; this is so vital to success in rehabilitation that the placing and supervising worker must be a member of the treatment team and cannot discharge these tasks as an incident to county social work."⁷

During the last twenty years training schools for delinquents have made many progressive advances, but they still have a long way to go. Many signs are encouraging; others are grim. Some critics claim that, generally, our public training schools are not meeting the treatment needs of many of

⁷ "The Control of Juvenile Delinquency in Maryland—Summary and Recommendations," report of a study conducted by the American Law Institute; the Children's Bureau, U.S. Department of Health, Education, and Welfare; and the National Probation and Parole Association, 1953.

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our delinquent children. According to Dr. F. Gordon Pleune, "The authoritarian program of academic and vocational training and disciplined group living is suitable only for the minority of psychologically undamaged 'normal' delinquents. It does not sufficiently recognize and meet the needs of 'true' delinquents, many of whom not only fail to improve, but may be further damaged through their institutional experience. . . . Control and training by personal influence with more understanding tolerance and individual interest should replace much of the present authoritative control by rules, regulations, and punishment-discipline methods."⁸

The modern training school is no longer free to say that it can serve only the so-called "normal" delinquents. To fill their proper place in the state's network of child welfare services, training schools and their parent agencies must establish specialized services and develop a treatment program that meets the needs of the many children who are delinquent because of psychological factors or because of unhealthy personal relationships in their home settings.

Training school superintendents say that they are receiving a greater number of difficult and more seriously disturbed children than ever before—and a smaller proportion of fairly stable boys and girls who help to

balance the group as a whole. Although their impact is not yet fully realized in the less urban states, we have little reason to expect a change of direction in this trend. This is due mainly to the improvement of community services whereby many of the more tractable children formerly sent to training schools are now being provided for by other services. The volunteer social agencies' services and the juvenile court probation programs, public school systems with their earlier case finding procedures, child guidance and diagnostic study centers—all these add up to more community services and a more careful screening process. Therefore, the youngster in trouble has available to him various resources for clearing up his problems and is less likely than before to be committed to a training school. The result is that the more seriously disturbed are the ones now coming to these institutions.

The steadily increasing number of births further complicates the situation. The Census Bureau predicts that by 1965 the population of children between the ages of ten and seventeen will have increased 44 per cent over the 1956 population of 20½ million children in this age group. Here the implications are quite clear. Not only do training school services have to be geared to a steadily mounting national population, but in many instances, they are going to have to be retooled and coordinated more closely with increased community services if their important and complex purposes are to be realized.

⁸F. Gordon Pleune, M.D., "Effects of State Training School Programs on Juvenile Delinquents," *Federal Probation*, March, 1957, p. 32.

Three Postulates in Institutional Care

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THERE was a time, within the memories of most of us, when foster homes were seen as the means of emancipating children from institutions. Only twenty years ago we were taught, as undergraduates: "Many courts and agencies are finding that institutional care of children is unnecessary; that foster homes can do the same job better. You and I may live to see the day when children's institutions are entirely supplanted by foster care."

Today, because of our broadening understanding of children's needs, this concept is largely passé. We know of many children who cannot fit into foster care because (1) the child cannot accept it, or (2) the parent cannot accept it, or (3) the foster parent cannot accept it. And for diverse reasons many of these children can and do accept institutional care.

There are some children, then, who can be helped best in foster care; there are others whose needs are best met in institutions. And because institutions fill a unique role in child welfare, they are not only still with us, but are in growing demand.

We have said that the institution fills a unique role. Wherein is it unique? Why cannot other types of care do this job? Why the waiting lists at children's institutions? What, in short, has the institution to offer?

Let us take a look at a modern institution. We would expect to find comfortable quarters and well-trained staff—social workers, psychologists, psychiatric and medical services, a group worker, a sound recreational program. We would expect creative outlets—crafts, vocational training, competitive sports for the aggressive child, more sedentary outlets for the passive child. We would expect to see organized group living and such socializing activities as dances, parties, and picnics. A well-rounded program, we say. But wait:

It is not necessary to place a child in an institution to obtain casework services for him. Any family or child agency will provide this. Psychological or psychiatric services can be had at the nearest child guidance clinic, in private practice, or in many school systems. Medical services can be obtained from several resources in the community. If it is remedial education or vocational training that the child needs, this can be obtained through the school department. If the child needs group work it is to be had at the boys' and girls' clubs; if he needs experience in group living he can go to summer camp. Clubs, settlement houses, and schools will provide sports and crafts programs. If the above services are lacking in the community they will likely not

be found in the institution either. Why, then, send a child to an institution? What can it offer that cannot be had in his own community? What is so unique, after all, about institutional living?

Parent-Child Relationship

For our answer, let us consider the nature and needs of the children coming to the institution—that is, the nature of the role the institution is expected to fill. Except for certain dependency institutions, most children coming for institutional care are disturbed children, and their disturbances are manifest in countless behavior disorders. In most cases it is because of this behavior that they are sent to institutions, having been brought to the attention of some agency or having created such a home problem that the parents come seeking help. What is the origin of such disturbance? The causes are legion, but most of them have this in common—there has been a defective interpersonal relationship in the child's background. Most frequently this defect has been in the relationship between parent and child. Often we find defective relationships between the child and his siblings, playmates, schoolmates, neighborhood gang or club, or other primary group. But in most cases, if the parent-child relationship has been wholesome, the child seems to work out his other relationships satisfactorily. We believe this concept is accepted widely enough to presuppose it as a theorem on which to base our three following postulates.

Theorem: *Emotional disturbances in children usually originate in defective interpersonal relationships, most commonly in parent-child relationships.*

Corrective Relationship

If the institution, then, is to help a disturbed child, and if it is to approach the basic causes, it must supplant the defective relationship with a corrective one. And herein lies the unique role of the institution.

Postulate I: *The institution is uniquely qualified to replace a defective interpersonal relationship with a new, differential, therapeutic relationship.*

Andrew S., age fourteen, is a typical "spoiled child"—a child who has been given not too much affection and attention, but too many gifts, privileges, and unreasonable liberties in lieu of genuine affection. Each visiting day his mother arrives at the institution laden with gifts which far surpass in beauty those received by other children. She talks constantly about the fine home and advantages, the trips, travel, and special experiences she can provide. Andrew tells us how she used to drive him to the roller rink, night after night, and sit outside in the car with the heater on for two or three hours while he skated. And how she would drive him to the airport and buy him plane rides while she sat in the car. And of her wonderful plans for him after his release. On the other hand, Andrew has spent over ten of his fourteen years out of the home. He has been shifted from uncle to aunt to grandparent to military school to private corrective institution to public training school. Andrew is "a law unto himself; rules are OK for others, but not for him." He constantly and brazenly demands special privileges denied to the group generally; he is unbearably self-centered.

But Andrew's cottage parents and other institutional adults in his life

know what made him this way. They don't get upset about it and though his behavior is often repugnant they don't repel him. They say in numerous ways, by word and act: "Andrew, we like you; we will always be here to help you; we are interested in you; we will not thrust you away to strangers. There is no limit to our personal interest in you, but there is a limit to the gifts and privileges you may have. You may have exactly the same as the other boys, but no more." This is a new and differential and therapeutic relationship.

Buddy L. never knew his father; his mother deserted him before he was of school age. Prior to this there were years of abuse, hunger, and neglect. Often he and his brother were locked for the entire day in the single room of their dwelling or in their garage, or were left loose to shift for themselves; they lived on peanut butter sandwiches and spiced meat, or on what they could get from scavenging in garbage cans. A succession of foster care homes gave up on him; he was disruptive—a tornado in dungarees. Each rejection struck him as a repetition of his mother's desertion. In the institution he found at last a haven—a refuge—a sanctuary. His cottage mother assured him she was a permanent fixture and would always be there. No one could take this from him. She was friendly and warm and motherly and she liked him. A new, differential, therapeutic relationship.

Ben R. says: "Yeh, I knew how to work my old man. Whenever I wanted something I wasn't supposed to have I'd bring him the paper, get out his smoking stand, take off his shoes, and bring a can of beer from the refridge. I'd soft soap a little and tell him what a good Joe he was. Then I'd mention

how I needed the money for whatever I wanted. It always worked." Now it is show night at the institution and Ben has failed to earn show privilege. He has been unusually friendly with the cottage parent and even washed his car without asking. "Ben," says the houseparent, "I imagine this is connected with the show tonight. Now I want you to understand how I operate. If you have earned the show, I'll make sure you get it, and all this apple polishing is unnecessary. However, if you have not earned it, I will not let you have it, and all the soft soap in the world won't change my mind." And the child who employs other pressure devices—coaxing or threats or tantrums or feigned illness—is told, as one houseparent phrased it: "Now you go right ahead and have your spasm, but this job will be here waiting for you when you're through." A new and differential and therapeutic relationship.

It is *new* because the child has not known this sort of adult in his experience. The old concepts and responses do not serve him now. We can be pretty sure, when a child employs a device like those Andrew, Buddy, and Ben used, that he has used this device before with some degree of success. It is *differential* because the adult constantly points out, by act: "I am different from your parent. I will not fail you, or deceive you, or vacillate between affection and rejection. And I will not permit you to gain your ends by such devices as your parent allowed." It is *therapeutic* (corrective) because it fills a need—a basic need—which lies at the root of the child's problem.

This, then, is the unique role of the institution. This is the heart, the

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very core around which the institution is structured. The institution can function without a swimming pool or craft shop or rabbit pens. Institutions ran for years, with varying success, without casework, group work, or psychology. But take away the corrective relationship between child and adult, and it fails its purpose. We visited one institution where an admirable program of psychiatric and social services had been added, without any corresponding change in the basic program, which remained essentially harsh, punitive, and hostile toward the child. By analogy, if we spent a thousand dollars remodeling a decrepit automobile, adorning it with new paint and upholstery and flashy chrome fixtures, and made no basic changes in its fundamental working parts, we would have a very flashy auto, but not an efficient one. So with the institution.

Do not misinterpret at this point: Most children's institutions are insufficiently provided with psychiatric and social services. No administrator would attempt a treatment program in an institution devoid of them. But they are appendages—addenda—to the cardinal program of a corrective relationship between child and adult.

Cottage Parent

This brings us to Postulate II: *From the treatment standpoint, the most significant person in the institution is the cottage parent.*

Not the director, mind you, or the caseworker, or the psychologist, or other front office personnel. The adults who eat, sleep, work, and play with these children twenty-four hours a day are the people who will have the opportunity to form the corrective relationship described above. It is

our observation that children returning to visit the institution after two, five, or ten years seek not the front office, but their former cottage parents and the kindly old dairyman, the patient gardener, the understanding repairman with whom they lived, learned, and related. Note that we have included these "lay" personnel in the same category with the cottage parents. Not infrequently we observe a child relating to the plumber or cook or janitor before he relates to his cottage parent. These are the people who are significant to the child in the institution.

Let us obscure an important point here, allow us one more analogy. In a field artillery battalion only a half-dozen men actually operate each field piece. In a battalion of sixteen howitzers only a hundred men and officers perform the essential job—the "role," if you please—of the entire battalion. All the others serve this essential group by supplying, transporting, servicing, supporting with small arms, and—certainly not least—by directing the fire and correcting the aim when the bursts fall wide of the mark. The commanding officer knows that failure by any one of these men in his job can cause the failure of an objective. Yet every man in the battalion knows that his job is directed toward serving the gun crews so that the big guns can keep firing. Likewise, when the team aspect of the institution is lost, the program breaks down. But when the staff focus their support on the cottage parents and other personnel who handle the children directly, the institutional team approaches top efficiency.

We mentioned that the adult, knowing the nature of the child's problems, will endeavor to differenti-

ate himself from the parent—to replace the defective relationship with a corrective one. Where is the cottage parent to gain this knowledge? How does he know what will be corrective? How can he be sure he does not fall into the same pattern as the parent, repeat the defective relationship, and exacerbate the problem? Certainly the children try hard enough to snare the adults into following the old familiar patterns of their parents. Shall we employ college trained people as cottage parents and cooks and janitors? No institution to our knowledge has a budget that would make this possible. Can we employ the average housewife as cottage parent and hope that by reason of having reared her own children she will intuitively handle a houseful of disturbed youngsters properly, each according to his own needs? Granted that an experienced parent, secure and well balanced, may successfully cope with the usual problems arising in group life, how is she to fill the individual needs which have required long professional study to identify and diagnose?

Role of Social Worker

That question premises Postulate III: *The greatest service a social worker can render in an institution is to help the lay staff understand and fill the children's needs.*

Intake, weekly interviews with children, interpretation to parents and public, and preparation for release and aftercare are vital casework functions. But hour for hour, none of these services helps children as much as casework does when it is used to help the houseparents and other lay personnel to do their job better. Institutional directors frequently decry the great and unbridged gulf which

exists between the front office and the line personnel—between “those who know the answers and those who need the answers.” In many institutions hours of accumulated professional study—medical, psychological, psychiatric, social, and educational findings—are filed away, never to reach the hands of the people who need them most. Yet opening the files is not the answer. The housemother and cook and boilerman want to know in practical lay terms: “How can I help this child in my job?”

Who is to tell them? Who is to interpret the professional findings to the line workers? Who, in short, converts all this strength into one team? This is a social work role. Many progressive institutions have a supervisor of cottage parents, a director of staff development, or a similar employee. This person, usually a social worker, works directly with the cottage parents and other lay staff, sharing the day-to-day problems, helping, suggesting, explaining, and teaching with the individual cases.

Alice S. has been told so many times, “You are no good—you’re just like your mother—you’ll never be anything decent,” that she really believes it. One of her outstanding needs is a better opinion of herself. Therefore, when she misbehaves and the housemother is tempted to malign her, it is the social worker’s role to show a better way: “Alice, we were expecting quite different behavior from you. Surely a girl with such nice manners, pleasant personality, and so attractive [realities, all] must have had some good training. It seems a shame that you must use such misbehavior to attract attention when you could accomplish so much more using your fine qualities.”

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Or consider the plumber who says, after spending hours cleaning pillow feathers from a stuffed toilet, "I guess I wouldn't mind so much if I could just understand *why they do it*." Is this a social work role—to interpret a child's destructive behavior? To suggest methods of handling it? To help in planning to prevent future outbursts? We believe it is.

But it is not enough to say, "Sam's problem is this, so you should do thus." Adults have problems, too. The patience of a saint would be sorely tried by the goings on in a household of disturbed youngsters over any twenty-four hour period. A distraught houseparent finds little comfort in hearing a child's problems related for a fourth time.

Mrs. T., cottage mother, was considered snobbish because she would not eat with her brood. She agreed to eat at the same table but not to be served from the same serving dishes. Why? Jerry is a nose-picker. Pete likes to smash flies. Ted masturbates frequently and Jack is always scratching his head or picking at scabs. None of them likes to wash if it can be avoided, and they all handle the food as it goes its way down the table. But the boys need retraining, you say. Certainly, and that is one of our roles. But when they are retrained they are likely ready for release. Is Mrs. T.'s problem real? Will interpretation of the boys' behavior alone suffice? No; helping a house-

parent to fill a child's needs is not merely a matter of interpreting those needs. Adults need sympathy, support, and understanding as well as interpretation.

We could enlarge on Postulate III: The strength of any organization—be it a children's home, factory, symphony orchestra, or army—the strength lies in the people on the firing line, and if we are to strengthen such an organization, we must strengthen it at its foundation.

We have observed the passing of the institution-*versus*-foster care era. We are now at the institution-*or*-foster care stage (i.e., "Can this particular child's needs be met better in foster care or in institutional care?"). We are entering a third era: institution-*and*-foster care. Leading foster care agencies throughout America recognize that they need institutional care to supplement—no, to complete—their programs, and are incorporating institutional care as part of their service. Likewise, leading institutions realize the need for comprehensive aftercare service, and are incorporating foster care into their programs.

There exists, then, an increasing demand for the highly specialized service of the institution. We believe that the roles of the institution, cottage parent, and social worker as postulated above provide a focus which will help an institution to meet this demand.

Central Reception and Diagnosis in California

HEMAN G. STARK

Director, California Youth Authority

THE basic principle underlying the philosophy of the Youth Authority is that individualized training and treatment, carefully planned, affords the most hopeful program for bringing about rehabilitation.

This principle cannot be carried out in practice without first knowing the individual as thoroughly as possible—his personality make-up, his strengths and weaknesses, his desires and needs, his habit structure, and how the influences of home, neighborhood, and school have interacted to influence his behavior. To get this information in a scientific and systematic way, and to interpret it so that it will furnish a guide in planning a continuous program of institutional training and parole supervision, the Youth Authority has established its reception center clinics. The need for such studies was recognized by the lawmakers themselves, who provided in the Youth Authority Act that when a person had been committed to the Youth Authority it should "forthwith examine and study him and investigate all the pertinent circumstances of his life and the antecedents of the violation of law."

In compliance with this provision of the law, the Youth Authority established its first clinical program on the grounds of one of the existing correctional schools. From the beginning, however, the central reception

center plan was accepted as basic for adequate clinical study of our wards.

We are sometimes asked about the desirability of central reception and diagnosis as opposed to delivery of wards directly to a training school, with a provision for diagnostic study within that institution. We have decided in favor of the central system for a number of reasons. It is more economical to provide one or two large and diversified staffs for the specific purpose of diagnosis and initial classification than to attempt to duplicate such a staff in a number of individual schools. Locating such centers near large metropolitan areas helps to reduce the difficulties of recruiting specialized professional staff. A separate diagnostic center makes possible the release on parole of a substantial number of wards without the stigma of their having been placed in a correctional school. Relative uniformity of policy and practice is easier to achieve when there are only one or two centers than when there are a larger number.

Limitations on building during the war and postwar period, together with the severe shortage of professional personnel, delayed the realization of our plans until the establishment in 1954 of the two present reception centers—one located at Norwalk, near Los Angeles, and the other just outside Sacramento.

Reception Routine

The Northern Reception Center has a bed capacity of approximately 150, while the southern institution can accommodate 334. Both clinics receive both boys and girls, most of whom fall within the ages of eight to eighteen; the number of children under twelve is very small, comprising only twenty-five cases at present. The great majority of children in the reception centers come to us from the juvenile courts. More sophisticated offenders—those in the age group of eighteen to twenty-one at the time of commitment and committed from the criminal courts—are received and studied in an institution of the Department of Corrections.

Each boy and girl committed to the Youth Authority is transported to one of these reception centers, depending on the county of commitment, to receive a period of study before any decision is reached as to the type of program to be planned for him. The length of stay in the clinic varies with the nature of the individual case, but is expected to average from four to six weeks. During this period a group of practitioners works collectively, each contributing his particular skill to the joint effort of understanding the complex arrangement of factors that brought about the maladjustment and antisocial behavior of the child. At the conclusion of the observation period, the findings of the various contributors are brought together in a clinical report which gives a history of the child and his behavior, interprets the apparent causes of the delinquency, and recommends a program of training, treatment, and parole.

This report is presented to the Youth Authority Board, which holds weekly meetings at the reception cen-

ter. Appointed by the governor, the board is composed of six members who have a variety of training and experience—in law, sociology, probation and parole, and juvenile work. Meetings at the reception centers, as at the various Youth Authority institutions, are commonly held by a panel of two members. On the basis of the clinic report, and after a personal interview with the ward, the board makes the decision between institutional placement and immediate referral for parole plans. If institutional training is decided upon, assignment to the appropriate correctional school or forestry camp is also made at this time. Copies of the clinic report are furnished to the receiving institution and to the parole officer who will supervise the ward upon his release into the community.

Staffing the Clinic

In setting a staffing pattern for our clinics we have drawn upon all disciplines that can be expected to help materially in the understanding of the problems of our wards. We do not distinguish between the importance of "professional" and "lay" workers in either our diagnostic or our treatment program, realizing that the valuable contributions that can be made by each group are a necessary supplement to those of the other. The group supervisors, teachers, and trade instructors, who spend much more time with each ward than the caseworker can, have a tremendous effect upon the child's response to the total Youth Authority program and, through group and individual discussions, are in a position to influence his attitudes and make him aware of what he may expect in the way of opportunities for bettering himself, and what is expected of him in his response to the program.

The Reception Center as a whole is administered by a lay superintendent. A psychiatrist is director of clinical services, and he directs actual clinic operations and supervises the psychiatrists, clinical psychologists, social workers, and other specialists.

The professional skills of these various disciplines are called upon as needed. Medical and dental examinations, of course, are routine; physical defects are corrected as far as possible before a ward is permitted to leave the clinic. Each ward undergoes group psychometric and personality screening tests which are evaluated by the clinical psychologist, who may select certain cases as needing individual examination or who will make such examinations upon referral by the caseworker. Cases selected for individual study, for example, may be those in which the question of intellectual level is in doubt and significantly related to the total problem. They may also be cases in which the presence of deep-seated personality problems is suspected, calling for the use of such diagnostic instruments as the Rorschach or other personality tests. The staff psychiatrist is available for consultation with respect to special problems, and will make a complete psychiatric evaluation where this is called for. Chaplains appraise the significance of past church associations and the part religion can play in the future.

In the academic department, teachers who have been especially trained in dealing with youth problems test academic achievement, and through a process of diagnostic teaching investigate further the individual education needs of the wards. An industrial arts shop and an arts and crafts class provide the opportunity for observation of specific skills and

interests which can be capitalized upon in planning a future program. Standardized tests are also used to determine areas of vocational interest.

Orientation toward the program of the Youth Authority and the opportunities which it offers is given both by the teacher in the classroom and by the group supervisor in the dormitory. Many of the children who come to us have been frightened by the prospect of being sent to some particular "reform school," and need careful explanation of the nature of the school program and the opportunities that will await them.

Probation and Parole Reports

A child's arrival at the reception center is preceded by the receipt of reports prepared by the probation officer of the court from which he is committed. These reports include information as to the personal and family history, school and community adjustment, record of delinquency, and other pertinent matters. The data contained in these reports are supplemented by an initial home investigation report from the parole officer who will later supervise the ward upon his return to the community. His report is based upon a home visit and discussion with parents, employers, law enforcement officials, and others familiar with the case.

Caseworker as Coordinator

This material is immediately reviewed by the caseworker to whom the ward is assigned for indications as to the nature of the problem and the possible need for special examinations or immediate action. The caseworker normally makes only informal early contacts with the ward through visits to the dormitory. In certain instances, however, more extensive contact at the beginning may be in-

licated, or the importance of an early psychological or psychiatric evaluation may be evident. In the majority of cases full-length examination and interview are postponed until ample time has been given the ward to adjust himself to his new environment and to attain some understanding of the purpose of his clinic sojourn. The caseworker, however, always makes himself available for interview upon request of the ward himself, or upon referral by a staff member who may think an interview is called for.

When the medical, educational, religious, and other special studies have been completed, reports on these are forwarded to the caseworker. A report is also prepared by the group supervisor describing the ward's general behavior in the group with whom he lives, his relationships with his peers and with his supervisors, and his attitude toward authority generally.

With this information in hand, the ward is scheduled for the full-length casework interview. In many cases—where there appears to be no deep-seated personality problem, and where the reasons for the delinquent behavior seem fairly clear—an adequate impression as to the nature of the problem and the most suitable means for correcting it may be obtained in a single session. If the personality problems appear to be more complicated, however, or if the interview brings out the need for further investigation of the child's history, further sessions are scheduled. Some wards have been held for as long as several months and seen on many occasions before final conclusions could be drawn. If the presence of severe personality problems is indicated in the course of the study, individual psychodiagnostic examination or a full psychiatric examination

may be requested before the clinical report is finally written.

The responsibility for compiling the final report is vested in the caseworker, who is usually a social worker—sometimes with a specific psychiatric background, or sometimes with previous specialization in probation, parole, or other correctional work. In the final clinical report, an attempt is made to summarize all pertinent information available at the time, together with the reports received from the various departments of the clinic. The caseworker records his impressions as to the child's personality structure, the probable causes of his maladjustment, his potentialities for eventual social adjustment, and his immediate needs in terms of training and treatment. If it is felt that the problems can be adequately met through careful parole placement and supervision without recourse to the program of a training school, immediate referral to parole may be recommended. If a training school program is indicated, the one most suited to the specific needs of the ward will be indicated together with the type of program which should be emphasized in the institution. Older boys who are minimum security risks may be recommended for transfer to one of the three forestry camps operated by the Youth Authority. Suggestions are also made as to factors which should be considered in making parole plans, such as whether a child should be returned to his own home or placed in a foster home, or whether some other type of placement is indicated.

Transfers and Parole Releases

In the course of these studies, a few cases are discovered which appear to our staff to be more suited to the program of a mental hospital than to any assignment available within

the Youth Authority. Under the terms of an agreement with the Department of Mental Hygiene, and through specific provision of law, the Youth Authority is empowered to transfer such wards to a state hospital for a period of observation lasting up to ninety days. Should such specialized study and observation indicate that the ward is properly committable to the Department of Mental Hygiene, the Board will then order him returned to the committing court with such a recommendation. The number of these cases is relatively small in comparison with the total clinic intake. In 1956 only seventy transfers of this type were made from all Youth Authority institutions.

At the present time, between 5 and 10 per cent of the wards studied at the reception centers are referred for parole plans at the completion of the study. These include principally offenders with relatively minor records who have the prospect of satisfactory home or foster home placement and appear to have been sufficiently impressed with the need of changing their behavior through the experience of apprehension, court action, and detention. Included also are many transient youths who are committed for relatively minor offenses; they are referred for out-of-state supervision in their states of legal residence. We feel that it would be desirable for all of these youths to remain in the clinic during the period required for the preparation of placement plans, but the high rate of commitment to the Youth Authority and the need for bed space in the reception centers makes this impossible except in cases where it appears that a very brief period will be enough for planning. The others are transferred into one or another of the training

schools or to a forestry camp to await release. It is our hope that as we gain greater understanding of the problems with which we are dealing, the number of cases that can be released without placement in a correctional school can be increased.

The heavy overload of cases has also limited drastically the number of wards who can be retained for prolonged periods in the reception center for specialized treatment. Nevertheless time has been found to handle some cases in this way. With the inauguration of the Special Treatment Program (described below) it will be possible for the Youth Authority to provide such therapy at the training institutions themselves where it is indicated.

Continuous Evaluation

The completion of the reception center clinic study and the disposition made by the board at this time by no means complete Youth Authority diagnosis of the individual case. Indeed, this is only the beginning. There is constant re-evaluation of each case during the institutional period and on parole. At any time, a ward may be referred again to the reception center for additional study should there be significant changes in the picture which call for such re-examination. Within the schools themselves a classification system operates: each ward is assigned to a specific classification counselor who is responsible for following his progress throughout his institutional career. The counselor makes use of the clinic report and an interview with the ward to prepare recommendations to the school classification committee for assignment to an appropriate training program. He is consulted by teachers, group supervisors, and others on specific problems. He himself consults

with the school psychologist with respect to problems of a more specialized nature. When he considers a ward ready for parole, he so recommends to the Youth Authority Board, preparing a report of progress with suggestions as to conditions of placement in the community. A group counseling program is being developed in the schools, and assignment to it is based largely on clinic findings and recommendations.

Special Treatment

A further step in program development designed to make the clinical findings and recommendations more effective is the Special Treatment Program which is now being developed within the Youth Authority. A careful review of the findings of the clinics in a large number of cases brought out the fact that approximately 17 per cent of our population are in need of something more than an ordinary correctional school program if their problems are to be adequately met and success is to be achieved under Youth Authority jurisdiction. Among these are a good many children who have psychiatric or psychological problems serious enough to call for specialized professional treatment, but not so serious as to warrant commitment to a state mental hospital. Many of these individuals need a considerably longer period of separation from the community and specialized treatment before they can be released with any great likelihood of success on parole.

To meet the needs of this group, each of our correctional schools will have a clinical team—headed by a psychiatrist and made up of psychologists, social workers, occupational and recreational therapists, and others with specialized skills—to provide treatment. Thus the findings of the diagnostic studies made in the recep-

tion center clinics will be followed up and made effective in the areas where the problems of training and treatment have presented the most difficulty.

Postdiagnosis Treatment

Many of our clinical staff have felt considerable dissatisfaction at being involved only at the beginning of the rehabilitation process, with limited facilities for learning what happens to the children after they have studied them. Others would like to engage in active therapy with children in whom they have become interested. These are understandable dissatisfactions. Consideration has been given to some rotation of staff between the reception centers and the special treatment units in the schools to provide the opportunity for follow-up work and therapy. We also hope that someday out-patient services for wards on parole will be incorporated into the programs of the reception centers.

We are very much aware that we have not overcome all problems concerning our reception centers. They have been in operation for only three years and much exploratory work, of necessity, had to be done. We hope, in fact, that we will never stop exploring new approaches. We have been handicapped by the nation-wide shortage of professional workers in psychiatry, psychology, and related fields. We have been plagued by a heavy and ever increasing caseload, part of which is a by-product of the rapid increase in California's population. Nevertheless, we feel considerable satisfaction in many of the results of the program that we have observed. We believe that we are on the right track, and that eventually the clinics will prove to have justified themselves in terms of the effectiveness of our total rehabilitation program.

Classification and Treatment

Altering Delinquent Values via an Administrative Change

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JUVENILE institutions in the United States vary so much in function, organization, and services that it is impossible to discuss the subject of classification and treatment without some frame of reference. A small treatment center for twenty-five youngsters, for example, is quite different from the larger private training school with a controlled intake. The latter, in turn, differs markedly from the public training school, which has an unselected intake and in most states has little control over its size. In many states the antisocial act itself, as determined by the court, becomes primary in the decision to send a youngster to a public training school. Where community treatment facilities are meager, the institution will receive even mental defectives and psychotics who have been adjudicated as delinquents. Fortunately, some misgivings about utilizing the state training school as a "dumping ground" are beginning to take shape. Throughout the country, efforts are being made to examine the role of the state training school in the total child welfare field, although the process is still in its infancy.¹

This article is limited to classifica-

tion and treatment programs in state training schools, generally large and undifferentiated institutions where it is much more difficult to organize the programs and put them into operation than in private schools, which select their clientele. Even in states where there are central diagnostic facilities, with commitments made to parent bodies rather than to individual institutions, or in states where institutions do have some limited power to reject adolescents who are obviously incapable of mentally or physically benefiting from the school's program, personality variations in the youngsters received are so wide as to place a premium on a varied institutional program. The training school, therefore, must have some means of differentiating individuals according to their needs and requirements.

Two trends are noticeable in the training school field today. One is the establishment of a centralized diagnostic center for statewide institutional placement, and the other—where this centralization does not exist—is an increase and sharpening of diagnostic facilities within the individual institution itself. The idea of a centralized facility seems to be gaining consider-

¹ A workshop on state training schools was held at the 1957 American Orthopsychiatric Association Annual Conference, and another is scheduled for the 1958 conference. The Eastern Regional Conference of the Child Welfare League has scheduled an institute on this subject in 1958. The U.S. Children's Bureau and the National Association of

Training Schools and Juvenile Agencies have jointly issued *Institutions Serving Delinquent Children—Guides and Goals*. The same two organizations, together with Rutgers University, with funds from the Child Welfare Division of the American Legion, sponsored an institute for executives in the public training school in April, 1957.

able support. It is an interesting phenomenon that, in many areas of the country, diagnostic centers are authorized before institutional facilities are available to carry out their recommendations. The word "diagnosis" carries with it a magical connotation today; legislators are apt to support the establishment of a diagnostic center even when institutional treatment units are meager and unproductive. For a central diagnostic service to be effective, considerable differentiation in treatment facilities must be available. The same criticism can, of course, be leveled at diagnostic units that are developed at an institution with insufficient treatment services.

Regardless of what facilities are available, however, the purpose of diagnostic services is, whether centrally or locally situated, the same: to know as much as possible about a youngster to place him properly.

Classification Procedures

Placement begins with choice of institution in areas fortunate enough to have such an opportunity. It then involves placement in a cottage unit or living group that will best meet the requirements of the youngster involved. It includes an individualized assignment to a school or vocational program. It also involves placing the boy or girl with adult leaders who are most qualified to meet the needs of the youngster. If the problems of the child are best met through close supervision, he will not be helped if he is assigned to a cottage with considerable freedom in controls. Placement also means consideration of the personality make-up of the group to which the boy or girl is to be assigned. If he is withdrawn, fearful, and anxious, for example, assignment to a group of aggressive boys will only increase his insecurity.

Considerable knowledge of the juvenile must be secured in order to be able to make such decisions. This is usually obtained through social histories obtained in the youngster's community, psychological testing, personal interviews, and observation. The reception process is not only diagnostic in character, it is also the beginning of treatment. It is during this period that the youngster has his initial experience with the institution and its staff. He receives an introduction to institutional policy and the methods by which it operates. Initial experiences, although they may not be conclusive, may very often color the manner in which the youngster will adjust to his future placement. Experiences during reception can carry over for some period after the youngster has been assigned to a cottage.

Where a central diagnostic facility is not available the desired information can be secured by placing the youngster in a special living unit designed for reception or orientation purposes. Here his behavior can be observed by his cottage parents or group leaders. A social worker interviews him and evaluates his feelings and problems. The educational director sees him to ascertain his attitudes toward education and his problems regarding learning; he will evaluate the boy's past school achievement and learn about his vocational interests for academic and vocational placement. The chaplain interviews him to determine the extent to which religion may have played a role in his past life and what it might be able to do for him while he is at the school and for his future adjustment. The physician gives him a thorough physical examination and notes his health problems. The psychologist puts him through certain tests and evaluates

ever determined the optimum size of an institution. There is no question, however, that the larger the institution, the more difficult communicating treatment concepts will be. More supervisory levels are required in organization; more people are directly in contact with the children. There is a greater danger of staff's misunderstanding the administrative program—and of even refusing, either openly or surreptitiously, to accept it. In the large institution, the superintendent and his top assistants are too far removed, both psychologically and physically, from staff who have immediate contact with children, and from the children themselves.

Although the trend in this country is away from huge undifferentiated institutions, toward smaller facilities with specific functions, there are a few advantages in a large institution. More staff and varied facilities are possible. More funds are apt to be authorized by legislatures and budget divisions, who are impressed by large numbers and size. It is possible to decentralize treatment programs in larger institutions and overcome some of the negative features of larger organizations.

An institution may be divided into a number of self-sufficient divisions, according to size and physical layout, each with its own staff and director functioning under a supervising superintendent. Classification of the divisions might be based on age, maturity, vocational and academic interests, supervisory controls, emotional problems, and similar factors, considered individually or in combination. Under such an organizational system, each division becomes virtually an institution in itself as far as care and treatment are concerned, with the added advantage of having central-

ized services based on the number of youngsters in the total institution rather than in the individual divisions. It requires additional personnel in the way of teachers, group leaders, and social workers as well as more facilities to serve a decentralized organization, but it individualizes program and service in large institutions.

Historical Legacy

Organization of treatment facilities and program is another important area of institutional administration. Present-day clinical services were primarily developed in voluntary community agencies, especially in child guidance and mental hygiene clinics. Unique eligibility requirements for aid evolved from these settings. The client or patient must want help and must be capable of entering into a meaningful relationship with the clinician. To seek such help implies possession of sufficient anxiety and recognition of need. In the case of children, one or both parents must usually become similarly involved. These concepts are in keeping with traditional American democratic principles and are a result of our heritage and cultural background. In fact, our traditions regarding individual initiative have made "authority" a nasty word in our vocabulary.

The training school, however, is an authoritative setting. The children it receives are committed via the children's courts against their will. It is not a voluntary process no matter how permissive the general climate of the institution may be. Yet authoritative institutions, in their efforts to individualize their programs—largely at the encouragement and insistence of the clinical disciplines—have adopted the typical organization and method of operation of the voluntary community treatment agency. Institutions

which have a plentiful supply of clinical personnel assign their children individually to caseworkers, and efforts are made to help them with their problems of adjustment. Facilities with a small clinical staff usually limit their casework service to a few children who have unusual difficulties in making an adjustment. Psychiatrist, psychologist, and social worker become members of a clinical team and constitute a separate department in the organizational plan. The clinical team's relationship to other departments is usually defined in idealistic rather than in typical organizational and administrative terms. They are expected to work closely with the personnel directly caring for the children—but on a voluntary basis. Very probably only those staff members who are eager for understanding and clarification do seek clinical contact; those staff members who reject interpretations requiring them to change usually remain untouched by clinical influences.

Discipline vs. Treatment

There are two major but very often conflicting elements in training school administration in the country today. One is control and discipline, and the other is treatment. Cottage staff especially are torn between what appear to be two opposing forces. They are expected to keep control in their cottage units (in fact, they are rated on their ability to run a smooth organization); on the other hand, they are directed to individualize their approach to each child.

The conflict is not resolved through the traditional institutional organization of clinical and cottage services in separate departments. Clinical personnel do not have the responsibility for cottage operation. Their relationship is primarily advisory and heavily

concentrated on individual rather than group adjustment. Cottage supervisors are usually too few in number to concentrate on anything but group controls and cottage routines. Even assuming that there were enough cottage supervisors and that they were trained and experienced, the existence of two lines of opposing interests as defined administratively by function and duties would only continue the basic conflict of cottage staff. The cottage parent's dilemma is expressed in his complaint that if the social worker were required to care for twenty children she would not call for special treatment for the youngster in her caseload who has violated cottage regulations. The social worker, on the other hand, protests that the cottage parent lacks understanding of the child's behavior and the professional training which would make it possible for him to do a decent job. Very often, unconsciously perhaps, the conflict is furthered by the administration. Under pressure from the community, which is deeply concerned about runaways and aggressive behavior, the superintendent may be quite contented to have a cottage parent who is able to keep control in his cottage unit, even though clinical considerations are not fully appreciated. When nothing is done in such a situation, status quo, of course, continues. In addition, delinquents have a brilliant knack of recognizing staff differences and playing one against the other to suit their own needs.

Informal Groups and Peer Control

Another problem that must be taken into consideration in the administrative organization of treatment facilities is that of informal group formation by the children in the training school. The conflicts and

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problems of growing up and struggles with the adult world can be tolerated, even rejected, by the youngsters within the confines of their own groups. The delinquent adolescent can join his neighborhood gang which accepts and preserves the values that cannot be tolerated by the rest of the community. Peer relationships and groupings are just as important within the institution and serve a similar purpose. They counteract adult efforts to change their behavior and act as a bulwark in maintaining their personality structures and personal values. At the same time they offer protection and security to those involved. These informal groups do not necessarily have to be destructive, although their size, strength, and anti-social characteristics are reduced as the institution directs their energies toward constructive goals.

The traditional form of institutional structure—clinical and cottage personnel in separate departments—makes very little dent in informal group activities. The effect of weekly clinical contacts, for example, is miniscule compared to the influences of the children's own informal group leaders. Most of the youngsters seem to play one role in the clinical office and a completely different one in the cottage and other groups.

It has been the writer's experience that in those states where mental hygiene and school guidance clinics, family and child guidance agencies, probation services, and similar facilities are available in sufficient number, the juveniles who are committed to the training school show very little anxiety about their behavior. A majority of those children who recognize and show sufficient concern about their problems are helped in their communities and are not committed.

As a result, the clinician finds comparatively few children in the training school who have enough overt anxiety about their behavior to respond to a face-to-face contact, the typical tool of traditional clinical operations.

Cottage-Clinic Organization

All of these factors, therefore, make it necessary to consider a different treatment structure than has been in existence heretofore. Modifications of traditional forms of treatment have been made in a few training schools in this country in recognition of the problems involved. One institutional treatment organization will be described in detail because of its sharp departure from the usual structural form.³ This is especially true in the way the role of the social worker has been redefined.

In this new treatment structure, clinic and cottage life are eliminated as separate departments. Social workers are assigned to supervise the activities of the children and cottage staff in one or two cottage units. They have direct authority over the cottage staff and are required to offer supervision and guidance to the cottage parents in handling the youngsters under their direction. Cottage parents are looked upon as technicians; professional supervision is supplied by trained social workers. Social workers and cottage staff are thus responsible for a common treatment process. The latter share their total problems with their social worker supervisors, who are ready to help resolve the complicated conflicts and decisions posed by the necessity to carry on disciplinary and

³ New York State Training School for Girls, Hudson, N. Y. Another modified form of treatment organization is utilized at Hawthorne-Cedar Knolls School, Hawthorne, N. Y., where cottage parents and caseworkers have the same supervisors.

treatment activities at the same time. The social workers, as supervisors, are expected to evaluate the cottage parents' strengths and weaknesses and help them develop on the job.

The social worker becomes involved in cottage disciplinary matters. "Discipline" and "authority" are sometimes anxiety-producing words in clinical circles. In actual practice, however, there are almost no settings in which clinical services are offered without authoritative connotations. Children, for example, do not come to child guidance clinics of their own volition. When one considers the pain that is involved in revealing one's own inner thoughts and conflicts, as well as the resistance that is involved in change, the authoritative connotations in clinical services can be well understood. In addition, the setting of eligibility requirements and agency limitations of service also involve authority and discipline to the clients and patients concerned. Discipline or authority cannot be avoided; only the manner in which either is utilized is important to the treatment process. A year's experience with the new treatment program has demonstrated that the traditional client-worker relationship is not affected by the stronger authoritative role played by the social worker. In fact, the feeling has been that the relationship is strengthened because the youngster must come to grips with his problems quickly, without being able to play one staff member against the other.

Clinical Supervision of Cottage Life

In addition to supervisory responsibilities, social workers direct their attention to the cottage group itself. The cottage group is the key area for treatment during the youngster's stay in the training school. What happens to him within the cottage group de-

termines whether he is going to respond positively or continue on his own way, avoiding change. The group climate therefore becomes a very important part of individual treatment.

Social workers, to fulfill these duties, sit down with the group and cottage staff members to discuss everyday problems. The discussion might revolve around the meaning of an existing regulation which the group finds objectionable, or of a proposed rule. Should the cottage adopt special procedures for listening to certain television programs? Would the group prefer to stay up late one evening to watch a certain program and thereby be too tired to participate in another activity the next morning? What should be the proper clothing to wear to school? Problems of adjustment which are appropriate for general group discussion are also taken up. Why did a certain youngster get into difficulty? What were the group's feelings as to the manner in which the problem was handled? Suitable films and other visual aids are utilized to stimulate discussion.

The purpose of this phase of the social worker's role is to permit children to participate in areas which are of immense concern to them. Decisions arrived at by adults alone are matters to fight and disregard. But a youngster's violation of group-set opinion incurs the displeasure of his peers. It might also result in unpleasant retaliations, but this group rejection is forestalled by group discussion of the reasons behind deviation. Conforming to group decisions is also furthered through rewards to the group for esprit de corps—such as attendance at special dances. Social workers are expected to participate in the group's activities and become part of the group as far as that is possible and appropriate.

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Supervision of Other Groups

Another important role of the social worker in this treatment organization plan is to work with those informal groups that are stable and not constantly changing in membership. The social worker's focus is on helping the subgroups adjust to, and participate in, the larger group, through discussion, activities, or both. Discussion within these smaller groups very often is similar to that in the larger group, but because it is more homogeneous, the smaller encourages more personal involvement and more satisfaction of individual needs. Group members share their difficulties. They also express attitudes different from those each expresses in individual contacts with the social worker.

Informal groups are encouraged to take on special tasks for the cottage, in keeping with their skills—making curtains for the cottage, preparing and caring for area flower gardens, making and selling articles and using the money for a cottage recreation fund. Group incentives through special rewards, plus the relationship that is developed with the social worker, divert these children's energies from destructive to highly responsible transactions. The status and satisfaction they gain support their further adaptation.

The social worker is also called upon to work with other types of small groups whose membership is selected for homogeneity—common interests, problems, personality factors—to promote group interaction.

Clinical Interviews and Consultation

Change of behavior does not usually take place without the development of some anxiety and guilt. Some of these pressures can be handled in the group through peer support—sharing

experience in discussion—and through support from the staff. Some children require individual attention as well, which social workers are expected to offer. This kind of contact does not necessarily have to be long term; very often one or two individual interviews, in conjunction with group participation, can allay the child's anxiety sufficiently for him to benefit from continued group contact.

Social workers, in their everyday contact with cottage and other groups, familiar with each of "their" youngster's needs, can determine who requires the individual interview, and when.

The psychiatrist and psychologist, in this organizational setup, act primarily as consultants to the social worker, in addition to their classification and diagnostic duties. Problems of personality functioning and intelligence might be referred to the psychologist by the social worker for selected testing of the youngsters concerned. The psychiatrist is consulted to analyze the dynamics of certain behavior patterns and to give advice as to approaches to these difficulties. Depending upon his available time, the psychiatrist sees a few youngsters in therapy, either individually or in groups. He aids staff training and development—by participation in case conferences at the request of the social worker concerned, in meetings planned by the director of the program, or by advising other staff members such as the academic and vocational teachers.

Results of New Program

Experience with this new treatment structure has led the administrative and treatment staff at Hudson to these conclusions about it:

1. It eliminates the traditional conflict between cottage staff and clinical

personnel, by making them both responsible for cottage life.

2. It dynamically changes the focus and program content of peer groups so that new behavior patterns can be formed and strengthened.

3. It allows the children's consciousness of a different way of securing satisfaction and status to grow and constantly diminishes their need to fight the adults around them.

4. It lessens the gap between authority, represented by the institutional staff, and the youngsters.

5. It deals directly with the key repository of delinquent values in the institution, by recognizing and working with informal groups.

6. Through it, cottage staff—who hold key responsibilities in institutional life—are trained and supervised.

7. The delinquent's tendency to fool staff and play one member against the other is radically slowed down; when it is, he is required to face up to his behavior.

8. It produces a climate in which children participate in setting rules controlling their own behavior.

9. It creates for cottage staff better working conditions in which they can accept suggestions, learn flexibility in their relations with children, understand professional aims, constantly ask for and use professional advice, and work toward their reputation as leaders of a good cottage. This is possible because the new treatment structure transfers the conflict between treatment and control from cottage staff to social workers, who are in a better position to resolve it. Cottage staff are no longer expected to be superhumanly competent in everything.

Conclusions

Training schools in the United States today are in a period of transition from "custodial" organization, with simple goals, to a treatment-oriented structure aimed at (1) individualizing the program in order to change the personal values of the children, and (2) developing the juvenile's self-understanding and control. Because the transition is incomplete, these two aims have been superimposed on older custodial arrangements. Individual training schools are in different stages of development possessing here more of the old, there more of the new. Some are developing their own new forms of organization for treatment. On the road to a new orientation, they face such grave problems as unselected intake, undifferentiated and large populations, lack of the right staff, low salaries in certain categories, and weak legislative and budgetary support. Though these problems are recognized, they are only slowly being overcome. They are not insurmountable. Training schools can acquire the tools for treatment.

The classification and treatment program described above stems from training school experience. When it is further evaluated, new forms of organization will no doubt develop. This should be encouraged through increased public support as well as legislative and budgetary interest. Treatment need not necessarily be confined to small treatment centers. It is possible to "treat" in the training school if money and staff are provided. The combination of public support and understanding and skilled administrators can very well do the trick.

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The Mobile Psychiatric Clinic

PATRICIA R. DENTON, M.D.

Psychiatrist-Director, Mobile Psychiatric Clinic of the Medical College of Virginia

FROM the days when the insane were housed in jails and almshouses because there were no proper treatment facilities, to the present, when certain criminal types are confined in hospitals for the insane for the same reason, the thinking of penologists has progressively fixed on retaliative punishment for the lawbreaker, rehabilitation through academic and vocational training, segregation for the protection of society, and treatment by psychotherapy and even psychoanalysis. Always, of course, it has been influenced by the inconstant wind of public opinion and the state of the public finances. Public care of the emotionally ill has seen similar vacillations. The attitude arising from the unconscious linking of insanity with demonology, and of criminality with both, results in widely divergent opinions as to what is the best and most effective way to handle both the delinquent and the mentally ill. Frequently the line of demarcation between the two is faint and arbitrary, depending on the delinquent and the resources he has at hand.

Nowhere is this line fainter than in the case of the young lawbreaker, the juvenile delinquent. There are those in prominent places who scream for "less mollycoddling" and stricter, more punitive measures. Others would solve the problem by complete permissiveness in a protected environment, followed by the socializing effects of group living. Somewhere between

these extremes are the majority of those working directly with the problem. And they have found that the type of institution known as the industrial training school has had more success than any former method in rehabilitating a large number of delinquent adolescents, practically and in a comparatively short period.

Those responsible for appraising the youngsters committed to training schools, preparatory to placing them in the proper vocational and academic training situations, recognized that psychological examination is a necessary part of the study, and this revealed the need for psychiatric diagnosis and evaluation. More comprehensive classification and diagnosis threw a blinding light on the need for psychotherapeutic facilities of all types. Thus the concept of the therapeutically oriented training school was born, the logical result of the union of the idea of training for productive citizenship, and treatment of the psychopathological quirks of personality and emotionality that prevent successful, mature living. The Industrial Boys School at Topeka, Kans., has put this concept into practice already; the significant drop reported in the state's adult prison population has been attributed directly to the reorientation of the training school.

A Virginia law in 1954 instituted a psychiatric clinic, under the aegis of the Medical College of Virginia, serving the Youth Services Division

of the State Department of Welfare and Institutions, parent department of the state's four industrial training schools, its foster-care program, and intake-study bureau. Because the schools are close to Richmond, the clinic was conceived as a traveling unit, working from its home base in that city. This is the Mobile Psychiatric Clinic of the Medical College of Virginia.

Staff Division of Labor

Since November, 1956, the clinic has had a psychiatrist-director, one psychiatric social worker, two clinical psychologists, and two office workers. This staff will be augmented as funds become available. A ratio of three typists to five staff members (all five equipped with dictating machines) is the absolute minimum for anything approaching efficiency. The addition of one office worker for each five staff members, for maintaining the details of organization and office supervision, would increase efficiency. We have learned the hard way that economy in the office means the waste of using clinical staff as file clerks.

Of the four professional workers, only the psychiatrist and the psychiatric social worker leave the Richmond office, to visit the four schools in turn for one day and two days a week, respectively. This means that each institution is visited one day a week by a clinic staff member for three weeks out of every month. While at the schools, both workers carry cases in psychotherapy, appraise youngsters referred by staff, and conduct in-service training sessions with caseworkers, teachers, houseparents, and project supervisors. These activities vary somewhat from school to school, being strongly influenced by the superintendent's attitude and the needs as he sees them.

The psychologists examine youngsters as they come into the state program and do psychotherapy with certain cases. Approximately two-thirds of the 90 to 120 new cases each month have not had a psychological examination before commitment to state care. An abbreviated form of the Wechsler Intelligence Scale for children or the Wechsler-Bellevue Scale is given, plus the reading portion of the Wide Range Achievement test and a projective test such as the Rorschach or Draw-a-Person. Additional techniques are used if indicated. Referrals for diagnosis are made to the clinic psychiatrist by the psychologists, or the caseworkers of the intake study unit.

These test reports and diagnoses are assembled with those of the pediatrician and the caseworker, and a decision on the case is made. Placement in one of the training schools or a foster home is made in the great majority of the cases. When therapy or future evaluation is indicated the clinic staff keeps in contact with the child; a separate record file in the clinic insures continuity of material pertinent to the psychiatric condition of the patient.

Reports Kept Confidential

Initial evaluation reports on all clinic patients are given to the Youth Services Division with the understanding that they are confidential and restricted to certain persons. However, therapy progress notes are of two types: the factual, which are also sent to the Division as confidential; and the nonfactual, seen and used by the clinic team alone. Copies of the initial reports are also kept by the Out-patient Department of the Medical College of Virginia.

The clinic reports its volume to the National Institute of Mental

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Health. During the fiscal year ending June 30, 1957, the Mobile Psychiatric Clinic had 1,128 patients and conducted a total of 2,243 interviews.

The psychopathology of the committed delinquents runs the gamut from amoral, situational (and mentally healthy) delinquency, through all planes of mental deficiency, neuroses, overt psychoses, and personality disorders. In 1956, of the 764 cases seen by the clinic for initial evaluation, 11 per cent, or 84, needed special care as defective delinquents; these youngsters had IQ's below 75. Eight per cent, or 61, were mentally disturbed enough to warrant hospitalization—if such a facility had been available for children in Virginia. Twenty per cent, or 153, needed intensive psychotherapy, best given by a psychiatrist; and 44 per cent, or 336, needed the therapeutic counseling and guidance of a psychiatric social worker. Seventeen per cent, or 130, needed no further specialized help, and would benefit from the training school program.

Clinic-Department Relations

Although the clinic's authorizing statute specified "treatment, training, and research" as its *raison d'être*, actual details—goals, and methods of meshing the therapeutic philosophy of a psychiatric clinic with that of an already long-established training-school program—were left to evolution. As in any natural growth, some rather unusual and unorthodox forms emerged, to survive or succumb according to their inherent value. As a pioneer, the clinic could not pattern itself after another and so avoid many mistakes. But from its experience, other clinics can learn to avoid some pitfalls. Needless to say, this evolution still continues, and will probably be a prominent feature of the clinic for many years to come.

A factor which simultaneously hindered and helped the development of the clinic was its affiliation with an organization (the Medical College of Virginia) other than the one which it serves. The natural resistance encountered because of this fact was a formidable barrier, especially when the clinic had—and continues to have—no authority to enforce its recommendations and decisions. However, the absence of legal responsibility concomitant with this lack of authority provides the right atmosphere of freedom, fostering methods of operation in keeping with the academic spirit of the Medical College and the goals outlined by the legislators.

The difficulty of conducting a clinic administered by a department of institutions was foreseen by those instrumental in establishing the clinic, and mighty efforts were made to keep it as free from administrative restrictions as possible by placing it in the more idealistic setting of the Medical College, where loose filial ties allow it to be directed by prudence and need, rather than by already established ideas of organization for psychiatric facilities of a different type.

The difficulties of any joint psychiatric clinic and training school program were intensified and augmented by the close, almost symbiotic relationship which was implied in the establishment of the clinic. Because so much of our initial difficulty centered in the mutual lack of policy, the first step to insure smooth sailing in establishing a similar clinic is to formulate a definite policy concerning the spheres of action appropriate to the clinic and to the training-school administration. Both should have a good idea of their own limitations and of what they need from their other "half"; and the clinic's view

of what it can and can not do should be quickly formed and determinedly adhered to. The position of the clinic in the minds of all concerned must be established quickly and forcefully. The alternatives are an overbearing, aggressive clinic that is hated, feared, and resisted; or a spineless, ingratiating nonentity that is used as a whipping-boy by anyone needing an object for frustrations and hostilities.

Although there has been very little active resistance to the Mobile Psychiatric Clinic from the department with which we work—and none expressed directly to us—there has been passive, unconscious resistance against new ways of thinking and disruption of long-established routine. Training-school staff limitations have frequently prevented full cooperation in following clinic recommendations as to job assignments, discipline, transportation of children to hospital out-patient clinics for special examinations or treatment, and individual supervision. Sometimes when our recommendation could be carried out by the judicious maneuvering of personnel, it is not, because the added burden of thought which this demands seems to be one burden too many to the institutional administrator—particularly when numberless details of management and administration are clamoring for his attention, and the needs of one youngster take no precedence over the needs of the group. Although the temptation to angry remonstrance is great at these times, we have found that catharsis, support, and reassurance are as potent psychotherapeutic methods when used with the administrative personnel of the training schools as with the youngsters.

Superintendent's Attitude Decisive

As others engaged in similar work have found, the superintendent of the

individual training school will determine the practical success of the clinic in his school, given a competent clinical staff. An institution's director determines the practical attitude of those working under him, for they will look to him as to an authoritarian parental figure, and attitudes in conflict with his are suppressed, or wither slowly. Lack of moral support from a superintendent for a program he does not want and cannot understand, and which he feels threatens his authority, is a subtle and insidious undermining of the best efforts of any clinic. Some personnel at the white boy's training school agreed with our ideas and tried to cooperate with us, but were frustrated, blocked, and put into a position where they could not openly support us for fear of the superintendent's action against them. As soon as this superintendent was replaced, this same group helped swing newer staff members to a more understanding and helpful attitude. The new superintendent, a temporary one, not only supported us, but had enough training and experience to evaluate the needs of the school in terms of services the clinic could give, and was capable of planning with the clinic to meet those needs. He was succeeded by an administrative team whose doubts about the practicality of a psychiatric clinic will demand extensive interpretation and clarification. However, this is one of the recognized functions of any psychiatric facility, regardless of its location or clientele.

The attitude of the state department as a whole will similarly reflect the thinking of its highest official. Despite the enlightened and progressive environment which the trained, sensitive director of a subdivision may seek to establish, his best efforts can

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Obstacles to Treating Delinquents

The voluminous literature of child psychiatry and its allies draws an iron curtain of defeatism between the delinquent adolescent under psychiatric care in the community and that same adolescent once he is committed to the "protective environment" of an industrial training school. Even more tragic is that next to nothing is written about the youngster during that most crucial period of parole. This reflects the lack of interest in those youngsters whose psychopathology is so serious that even attempting therapy with them arouses such conflicts and frustrations in the psychiatrist that the case is dismissed, or rationalized as not being "suitable." In justice, it must be admitted that the return on time and effort expended in therapy and casework is low compared to that from more easily treated cases. And yet so little research has been done in the methodology of treating the adolescent delinquent that this defeatism can scarcely be justified.

Two other major obstacles to the treatment of the young delinquent are the difficulty of securing the large number of trained people who must substitute for the inadequate parents, and the time needed to remodel a personality warped and traumatized since birth. Education, recreation, group work, and religion, as well as psychiatry, have a very vital contribution to make in rehabilitating these youngsters. And cooperation and open lines of communication among their practitioners *must* be established, or else each will fail by attempting to work on one facet of the problem alone. The child psychiatrist's classic insistence on involving one or

both parents in therapy with the child is impossible, save in rare and unusual circumstances, when a youngster is in a training school. The weekly or biweekly hour interview with all who need it is an ideal to be dreamed of, but rarely accomplished. Group psychotherapy in the form of play, psychodrama, and discussion and project groups are ways to spread an always too small staff thinner. But the most potent group work of all is that done with cottage parents, teachers, and supervisors, who live with the youngsters and whose attitudes create the milieu in which they exist. In-service training programs, seminars, and case conferences utilize the skills of the clinic team to the best advantage.

Because the present energies and methods of training schools are geared to re-educating the youngsters by suppression and repression of past conflicts and attitudes and substitution of new ways of acting, any method which works on those conflicts and attitudes and thereby mobilizes anxiety and tension is regarded with suspicion and resistance. Anxiety and tension lead to restlessness and further acting out behavior, before these can be dispelled by insight and supportive relationship therapy. Integral to psychotherapeutic methods with teenagers are situations in which limits are tested and ambivalent emotions worked through. But this is admittedly "rough" on the staff, whose duty it is to control the situation. Hence the need for in-service training programs and adequate number of staff personnel.

Clinic's Use of Freedom from Authority

The clinic's lack of administrative authority can frequently be utilized to enable the clinic staff member to act

as the "permissive therapist." The patient is taught that the therapist has no control whatsoever in the administrative processes of the school. This applies to privileges, discipline, job and cottage assignments, etc. The rules of the school will not be changed for the patient, and his behavior will merit the same sanctions as the others. As the therapeutic process continues the child's emotional perception of his relationship to the school and the therapist and of their relationship to him changes frequently. These perceptions can be used to draw parallels and give insights into the basic interpersonal relationships of the patient. It is sometimes necessary to emphasize to the child the school's authority over his behavior. This was brought out quite clearly to us when one of our training-school administration teams became quite upset because one of our patients was causing quite a disturbance while under therapy. They knew she was in therapy, and they therefore wanted to be lenient; at the same time, leniency would have adversely affected the behavior of the rest of the students. Their conflict resulted in a plea to us to cease therapy, which we refused; but their right to administer the school according to established rules was emphasized to them. It is interesting to note that because we had a most amicable relationship with this school, they expressed themselves forcefully, rather than trying to handle the situation themselves and harboring deep, smoldering resentment against us as the source of their trouble.

When once it has been decided that administrative authority is not vested in the clinic, this should remain the constant rule. Clinic recommendations should be used according to the judgment of institution administrators and

the clinic should have no direct say in policy-making for individual cases. This is to separate the clinic personnel as far as possible from "the front office," and create a therapeutic atmosphere around the clinic in the minds of the youngsters. It also serves to relieve the clinic of administrative responsibility, and dispels the threat to their authority felt by the heads of the training schools.

Caseworkers Essential

As for the actual psychotherapy of patients, our clinic has been severely handicapped by our lack of personnel. There were 1,340 youngsters in the state program at the time of writing—each one a potential patient—and the monthly intake rate is 90 to 120 a month. It is our hope, but by no means a certainty, that the clinic staff of four will be augmented to ten in 1958. Enough well-trained caseworkers in the schools would help to balance the clinic's diminutive staff; at the time of writing, there is one caseworker in each of the schools, which range in population from 140 to 330. The foster home division of the state department has eight workers for 350 cases; the intake study division has five caseworkers. A well-supervised, trained, and numerically adequate casework staff is the essential foundation on which the therapeutic program of a psychiatric clinic in a state training-school program must be built. Without it, any psychiatric facility will only do the work of classification, and, hopefully, of teaching training school personnel the rudiments of knowledge about adolescent personality structure and behavior dynamics. Any effort to retain at least a part-time therapeutic function will, without the casework staff, result in curtailment of classification and in-service training. But a clinic which serves

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no therapeutic function quickly loses sight of the needs of those for whom the entire program was established—the patients.

Short-term psychotherapy—weekly or bimonthly interviews, continuing for one month to approximately six months—is, we have found, the most practical and productive method of individual therapy. It should go without saying that our therapy cases are rigidly screened; only those are selected who could be expected to show improvement in this time. This leaves the vast majority of our potential patients without therapy, for we can carry only ten youngsters in active therapy at any given time. However, regular monthly interviews for support and reassurance, counseling, and guidance are set up for approximately thirty more; and individual interviews can be scheduled as the need arises.

The Sex of the Therapist

We feel that there should be both male and female therapists available for both sexes. In general, if the therapist is of the same sex as the patient, rapport is more quickly established. However, there are cases in which the main conflicts revolve around an adult authoritarian figure of the opposite sex, and if the therapist can be of that sex, it appears that deeper and more effective insight can be obtained in shorter time.

Sexually delinquent children must be thoroughly appraised prior to assignment of a therapist. Questions involving the patient's sexual identification must be answered in order to choose a therapist whose sex will provide for proper identification, if possible, but which will at least not bring out latent homosexuality, which could not be worked through in the limited time available for therapy. As

a general rule we have found that girls are superficially seductive toward their male therapists, and boys are superficially hostile toward their female therapists.

These attitudes spring directly from the powerfully charged sexuality of the adolescent, which creates so much consciousness of the imperfectly controlled sexual drives that any situation involving a male and a female is interpreted sexually. The boy regards the friendly authoritarian woman as attempting to seduce him, or forcing him to "like" her, using her position to command this. Because this is in line with his needs for dependency and sexual satisfaction, he must put up quite a struggle against yielding. The person causing this conflict is regarded with hostility, which also serves as a defense and as retaliation for frustration. The girl, on the other hand, usually has been committed as delinquent because she has used her sexuality as a means of retaliation against those—usually her mother—who have frustrated her dependency needs. The friendly, authoritarian man is regarded as "fair game," hostility and rebelliousness being added as soon as she perceives her efforts will be frustrated.

But generally speaking, the sex of the therapist is of no importance, once these initial attitudes have been worked through. The working-through, however, takes a certain amount of time, which assumes major importance when time and personnel are at such a premium.

The same can be said for racial differences, which stand out in stark relief especially in the South. The problems involved can be more clearly seen and appreciated by those of the clinic staff who are not native to that region, but the solutions to those

problems remain bound in patterns of culture which present an all but impenetrable barrier to communication. These difficulties are also encountered in treating members of minority ethnic groups living within their culture anywhere in the country. A necessary part of the therapeutic process is the establishment of just where both parties "stand" in regard to their own and the other's race. Very little progress is made until these attitudes are recognized as entities and worked through.

Chemotherapy

The use of tranquilizing drugs has proved quite interesting as an adjunct to psychotherapy. As with the use of any medication, however, a competent and adequate medical department must exist to provide the necessary supervision and care. When some doubt exists as to the adequacy of the training school infirmary staff, it has been our policy to prescribe drugs sparingly. It is tantalizing to speculate on the results that could be obtained if drugs and psychotherapeutic methods could be combined under optimal conditions, but we feel that under *no* conditions should barbiturates or tranquilizers be used as chemical restraints against acting-out. For overactivity resulting from brain damage, or anxiety, even if it is hostile and retaliative, drugs are justifiable.

Limitations of Expansion

The idea of any psychiatric facility can quickly snowball into something that only vaguely resembles the original idea. Dealing with children in trouble with the law is a problem absolutely gargantuan in terms of money and personnel for anything more than a stopgap job. Prevention is the goal to be aimed at—prevention of childhood delinquency and of adult crime. And the only place where

this can take place is at the local level, in the community. Early diagnosis and therapy are invaluable in the prevention of future delinquency; but these services would have to be available to every single child in the community to be effective. The child who has already indicated a need for help by getting into trouble has "screened" himself. The returnee from the training-school is at the most crucial period of his life, as he again joins his community. These youngsters desperately need the help of the psychiatric clinic team, working together with the parole office. The psychiatric facility which served them at the training school cannot reach all the way to the local office and continue the job unless it grows into a statewide organization. Local mental hygiene and child guidance clinics could reasonably be expected to help, but they must be augmented by more personnel and facilities to meet this tremendous need.

However, even with sufficient personnel and facilities, it is doubtful that enough interest in the delinquent could be aroused on the part of the average clinic staff until methods of psychotherapy have been devised which successfully meet the problems peculiar to the delinquent personality and his environment. The only way these methods will be found will be through long and costly research programs, involving many disciplines besides psychiatry and psychology. Many cherished methodological beliefs will have to be junked; many failures can be expected before successful methods emerge. But the most important tool we all have, if we would but use it, is a willingness to recognize that there may be ways of dealing with delinquency other than those which are venerable because of old age.

Private Institutions

HENRY J. PALMIERI

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WITH increasing vigor and foresight, private institutions are planning their programs to meet the growing emphasis on thorough and continuous study of each child before and after admission to the institution.

Intake: The Distinct Advantage

Experience has taught the administrators and boards of these institutions that some children could have been better served elsewhere, in some instances right in the community from which the child came. So, intake is playing an increasingly more important part in the structure of the private institution, and the period of study prior to admission is getting more attention.

Although the state training schools accuse the private institution of becoming more and more selective, and of rejecting more and more youngsters each year, the private institutions reply that if each boy is to be given the best chance for getting and using the kind of help that will enable him to return to the community, able to take his rightful place alongside other boys and girls, then the private institution must be in a position to select those youngsters who will profit most from what it has to offer. This practice, as one institution head sees it, permits the private institution to return boys to their own

community in less time than the public institution. Thus it allows the private institution to serve more, rather than fewer, boys during any given period. Equally important is the fact that selective intake makes it easier to provide each child with the distinctive kind of experience he requires for growth.

Private institutions are becoming more and more aware that they are dealing with youngsters who have special problems for which they need a specialized kind of care and treatment, which can be provided only if the institution knows its limitations and strengths and admits children accordingly. A highly organized intake process, handled by competent professional staff, is the answer. Without this, private institutions would house a hodge-podge rather than a homogeneous group, and this would permeate the entire program, regardless of philosophy, practice, or policy.

More Community Care

Aside from refining the intake process, thereby making the total program more negotiable for the children being helped, one group of private institutions—those serving dependent and neglected children—is trying to chart a new course. Expanded federal, state, and local services, with their greater number of workers trained to work with these youngsters, have decreased the need for institutionalizing the dependent and neglected. For that reason, some

* After January 15, 1958, the author will be the administrator of the Division of Desertion and Nonsupport in the Allegheny County (Pa.) Court.—Ed.

institutions for these children have been eliminated. Children who once would have been institutionalized are now being placed in foster homes and are supervised by family or child service agencies.

Unique Institutions for Unique Problems

It is obvious both from the literature on institutional child care, and from recent contact with the twelve administrators of private juvenile institutions from whom we requested information about their programs, that there are differing viewpoints as to what methods are best in adapting a program to children's needs. As a result, variations which are worth looking at have developed.

For instance: one institution, staffed from top to bottom with high calibre individuals, including professional social workers, adheres to individual treatment of each boy. Its administrator says: "The boys do not wear uniforms, and there are no bolts or bars in the buildings. We depend on changed thinking to keep them on campus, encouraging a sense of responsibility first for themselves and then for others." This same institution stresses "good housing, good food, and something useful to do regularly. Since the core of mental health is self-respect, children need desperately to do good things for genuine reasons. Reserving time for counseling boys on request is part of the day's work of our staff members. Knowing each boy, his problems and his gifts . . . is one of the secrets of success of this private school and no doubt of others."

In the smaller, more treatment-oriented and better (i.e., professionally) staffed institution, greater emphasis is placed on clinical services, with a relatively higher percentage

of specialists—psychiatrists, clinical psychologists, psychiatric caseworkers, and remedial teachers. These institutions also have a higher ratio of staff to children. In some instances a ratio close to 1:1 or 1:2 is common. In one institution, forty-four full-time and three part-time workers serve fifty-seven children; another has 117 full-time staff for 198 children. Another institution boasts twenty-one full-time staff and eleven children.

While carrying out programs of rehabilitation, some institutions are also hard at work exploring new areas of treatment. In some instances this calls for revising the institution's philosophy and reorganizing the institution's structure, releasing some staff and recruiting others who by training and experience are able to meet the new demands. All the institutions contacted believe that their job is treatment—residential care can no longer be considered merely custodial. To these twelve administrators, treatment means providing each child with a therapeutic program within which he can develop to his maximal capacity for change—to the extent that the institution's finances and staff allow.

New Directions

1. *Location and size:* The small institution located close to urban centers is a new direction for private institutions. A community sometimes feels threatened by the presence of a large institution; it is less likely to react that way when the institution is small. An urban location allows the institution to use the community's churches, movies, stores, and other facilities as part of its program, keeping the child in touch with community life and providing him with a more normal experience than if he were cut off from all community life,

yet still giving him at the institution the special help he needs.

2. *Therapy of work*: One private institution has two main features which are a part of the total method used in helping children develop acceptable attitudes and behavior patterns. The founders believed that a boy could grow up and learn through earning his own way. So, shortly after this institution was founded, its motto became "Nothing Without Labor." The founders also believed that "every individual, regardless of how many deprivations he may have suffered or how poor his background, has the ability and the right to make decisions for himself." This kind of thinking gave birth to student government, which is used in other institutions also. Variations of these ideas are today a part of the program in many private institutions for boys and girls.

3. *Vocational training*: Some institutions emphasize vocational training as against the three R's or more formal school programs. One institution states quite frankly that its "work-study program" consists of far more work than study. This institution has had real success in placing boys in trades—e.g., in printing—where they tend to remain.

4. *Religious precept*: Another institution features, as a part of its program, precept and example plus what it chooses to call "therapy in Christ." It attempts constantly to groove the clinical program into the channel of God's love. The administrator wrote me as follows: "St. Francis insists that religion is not a department of life, but the center. There can be no balanced approach in health, social welfare, education, recreation, and other facets of a boy's life unless the boy recognizes that his life is 'with

Christ in God.' " At this institution, a child must be regarded only as a child of God, and the child's parents must be loved and respected just as the child himself is.

This same institution, in its efforts to develop a well-rounded treatment program, has recently established an in-service staff training program, with a full-time director. A psychologist, a psychiatric social worker, and other professional persons will participate in the staff training program.

5. *Aftercare*: Aftercare is important to the private institution. But the dearth of effective programs is widespread—sometimes the aftercare program is so limited that it consists only of contacts by letter, often initiated not by the worker but by the child. There is also some actual supervision, provided by social workers employed by the institution. One of the administrators has stated that "there is a growing awareness that the incare program for children in placement should be part of a continuum consisting of precare and aftercare service, including service to parents."

The combined use of the boarding home and "town house" idea by some institutions is proving to be a worthwhile addition to some private institution programs. It provides an opportunity, not otherwise available, to test certain children in these homes as to their readiness for community living. This is not to say that these institutions are adhering to a "dipping in and out" process or a "put and take" game with the lives of children. Rather, it provides the institution with homes that are an integral part of the institution, stronger and better able to meet a youngster's needs than his own home and less likely to threaten him since in many cases he continues to see the same social

worker who helped him adjust to institutional life, who prepared him and the foster parents for this next change in his life, and who will see him through his experience as he gradually becomes more independent as a personality.

Advantages of Private Institutions

The program directors in the twelve institutions who wrote to me expressed themselves in various ways, but all were of the opinion that the place of private institutions in the field of child care is firm and clear. Their ability to remain comparatively small, to select those to be admitted on the basis of the institution's capacity to meet the needs of the individual child and thus to concentrate the quantity and quality of service on a more homogeneous group and to individualize their programs to meet the "special" needs of the youngsters admitted, are some of the advantages not to be found in the larger and usually overcrowded and understaffed public training schools.

The private institution is also freer from political pressures and the disruptions of program which occur when, for political reasons (when one party succeeds another in the state), changes are made in the administrative structure of a public institution. The private institutions have been able to gear their programs to the children with whom they can do their best work. This permits them to individualize their programs to an extent that very few, if any, public institutions can claim. This has in its turn precipitated increased emphasis on the philosophy which permits the development of a "treatment centered" program rather than one which provides, at best, the kind of custodial care so prevalent in the public training schools. In their daily work,

private institutions have been able to make greater and more effective use of research, group therapy, community participation, and flexible educational programs.

The private institution can also be more daring in experimenting with new ideas and concepts regarding institutional child care. It can, and does, change and expand its program with greater ease than the public institution. These developments are possible because the administrator of a private institution has the relative freedom to select staff best qualified for special positions, without political interference. This, plus the single-minded interest in effective operation of some private institutions' boards of trustees, is an advantage over administration by a governmental agency that must be responsible for many state or federal services.

Financial Problems

The private institution runs into financial trouble because of its dependence on fluctuating individual contributions. The head of a public institution has less to worry about financially, because his institution has the support of all the people, through taxes. However, many private institutions do their best with the money and staff available to them to develop a therapeutic program. One recent development is the grant of public money to private institutions—a practice notable in New York State, for instance—without imposing public control or destroying the autonomy of these programs. These dollars will be paid to the private institutions as long as they meet high standards of operation, as decreed by the governmental bodies empowered to release these funds. This new development will enable many a private institution to pursue its special goal.

Some Beseating Sins

The need for more money has led some private institutions to publicize their work, and this has created abuses in publicity. We all know of specific institutions, "dramatized" for public consumption, which in reality are far different from the pin-up portrait of them given to the public. There are various reasons given to support these inaccuracies—e.g., to raise money for a "program" described as already in existence. But no rationale justifies fooling the public. The facts have a way of catching up with publicity, and then the innocent suffer along with the guilty. It has taken some institutions years to recover from such specious publicity.

Another besetting sin of private institutions is their consciousness of their own uniqueness. Most of them preen and pride themselves because they are more flexible, able to experiment and change from day to day if necessary. Actually, this has its bad side as well as its good. It is fine if the institution will test out a new idea or concept for long enough to evaluate it properly. In actual practice too many institutions (and one is too many) promote new ideas and concepts impulsively, because the director, a board member, or an influential donor wants to try out an idea. Thus, a program becomes disrupted, gears are shifted, and sometimes the institution as a vehicle providing an opportunity for maladjusted children stalls or loses momentum. Or, as it sometimes happens, a new idea or concept is properly integrated as part of a program, tested over a reasonable length of time, and found to be valuable. But no one hears about it. Or too few hear.

Then again, the vaunted flexibility of private institutions puts pressure

on administrators. In closed meetings we learn from our colleagues that some administrators do not believe in what they call innovations or newfangled ideas, but are using them in their programs because they fear being out of step. When an administrator is really not in sympathy with a "newfangled idea" it never is woven into the program but remains a superficial trimming, nothing more.

This is especially true in the use of social casework in the institution. Any departmental function, to be effective, must have the full support of the administration and the board of directors. Filling these professional positions with weak, inexperienced, partially trained, or untrained persons is penny-wise and pound-foolish. Even worse is the practice of staffing a social service department satisfactorily, and then interfering with its decisions. One example comes to mind: a relatively small institution was permitted, with the support of the board of directors, to develop and adequately staff a social service department. But some persons on this board who thought themselves qualified to evaluate its work continually disagreed and set aside decisions made by the professional social workers in their day-to-day work. Gradually, this has nullified their work; one by one, they are seceding to positions where they will be allowed a reasonable amount of autonomy in carrying out their professional duties.

There are some institutions, too, where lay members of the board or executive committee hold to the theory and practice that they should—nay, must—decide who is to be admitted and released, and when. Obviously such interference cannot nurture healthy growth of a program. Neither does the practice of using

one or two well-known professional persons as window dressing, in place of a fully staffed, well-rounded program of direct services to children.

Another pitfall: In spite of the fact that one of the features of a private institution is its uniqueness—that it stands out as different even from other private institutions (a feature and characteristic that should be retained)—more cooperation, even “togetherness,” among private institutions, and between the public and the private schools, should be the rule. Private institutions, to their detriment I believe, make too much of their uniqueness, and as a result pull away from each other and from public institutions. This is a mistake. We need all the help we can get from each other. We can get this help and use it without losing our identity or autonomy.

My suggestion is that associations of private and public institutions commit themselves to long-range study, and then to action, on several matters. What are private institutions doing to merit their position in the community? What can each institution contribute to the total sum of knowledge about this specialized child care? What is common practice in all private institutions? What is uncommon? What can public and private institutions together do to improve their services to children?

After all, though our ammunition may differ, our target is the same: to help children who fall by the wayside, to return them to the community to take their rightful place alongside other children.

While this is going on, the private institution must assume the responsibility for supplementing child care services offered by the public institutions. It must (1) initiate applying the insights of psychiatry, religion,

psychology, education, and social work to techniques usable for child care in a correctional institution; (2) test and evaluate its new ideas in child care; and (3) communicate its knowledge to those who can validate it; to other institutions, public and private; and to those who train others for work in this field.

Prestige and Status

The public financial aid to private institutions, in addition to the public's growing recognition that the private institution, as an agency specializing in child care, has a definite service to offer particular kinds of children, endows them with status and prestige long ago earned but only recently granted. Once these schools were a dumping ground for youngsters whom the community had given up and wanted to get rid of. This is no longer true. The institutions receiving public money receive with it a governmental fiat to support their individual convictions when they must tell the community, “We can help this child but not that one,” or “You waited too long to use our services; we can't help you now,” or “Your child needs a service available in your community, not ours.”

The influence, function, and status of private institutions have been further advanced by their recognition as social agencies; as such, they are now part of the training ground for graduate schools of social work, which are using them more and more as field work placements for students. One result of this has been a demand for study of institutional child care—and psychiatry, psychology, social work, medicine, education, and nursing, among others, have responded in a growing literature which illuminates especially the means by which therapeutic aims can be gained.

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Court Foster Home Program

GLADYS I. KELLAR

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WHOSE business is foster care? Some exponents of social casework maintain that the association of juvenile court and foster care has a negative connotation, that foster care is an administrative function, and that the court should be limited to judicial matters.¹ They doubt further that probation officers are qualified to handle foster care matters and question whether the court should review its own placements. Some still cling to the venerable doctrine that casework can never be performed in a court setting. They are respectfully urged to examine this dogma in the light of the abundant proof of the values of authority in casework.²

When it is possible to do so, the court *should* leave the business of foster care to public and private child-caring agencies—not because its staff or program is inferior but because it should focus on its primary responsibility of understanding the dynamics of delinquency, developing better methods of treatment, and aiding in programs of prevention. When communities provide satisfactory serv-

ice, particularly protective service as properly defined,³ the court's responsibility for dependent and neglected children should be limited to a legal disposition. However, when the community fails to provide service sufficient in either amount or kind to meet the needs of children, then the court becomes legally and morally obligated to concern itself with these needs.

Filling the Vacuum

With this view, the Multnomah County Juvenile Court developed a small, specialized foster home program in 1946. At that time, no agency in the community, public or private, could accept for foster care a child adjudicated delinquent. Therefore, when a boy or girl did commit a delinquent act primarily as a result of a disturbing home situation, the court had three alternatives: return the child home; commit him to an institution; or ignore the delinquency and, for purposes of referral to another agency, call the child dependent. The latter was undoubtedly done in many cases where the behavior had not been too dangerous and prognosis was good. Those children whose problems were more complex were less fortunate, and many were reluctantly committed to institutions. For boys, the only resource was the state training school, but two private institutions provided some variety in programs for girls.

¹The Child Welfare League asserts: "Public welfare departments as administrative agencies must depend upon the courts as judicial agencies to act in all matters requiring adjudication; likewise, nonjudicial social service functions should be carried by a welfare department rather than by a court. . . ." See "Statement of Principles and Policies on Public Child Welfare," *Child Welfare*, December, 1950.

²Elliot Studt, "An Outline for Study of Social Authority Factors in Casework," *Social Casework*, June, 1954.

³Bertram M. Beck, "Protective Casework Revitalized," *Child Welfare*, November, 1955.

Oregon statutes clearly forbid commitment of children to institutions before the age of twelve. This posed the further question of what to do with those disturbed "acting-out" children who are younger than twelve. Charged with the ultimate responsibility of making dispositions based on the juvenile court philosophy of "individualized justice," judges, administrators, and counselors alike were plagued by the acute problem of lack of resources. Realizing no other agency would develop the necessary service in the near future, the court created its own foster care program.

Intake

From the beginning, the court was careful not to duplicate services already available in the community. Definite intake procedures were established. When it is determined by the court that a child must be removed from his own home for a temporary period and that foster care is indicated, court policy requires referral to a child-placing agency. Public Welfare and Catholic Services for Children handle the bulk of temporary foster care in the Portland area. If either agency cannot accept the referral, usually because a suitable home cannot be found, then the court considers this "nonaccepted" child for placement.

In most cases where removal from the home is necessary, the court declares the child a ward of the court, and temporary commitment is made to the agency assuming responsibility for care. The court does not dictate planning after a temporary commitment has been made, but does maintain a responsibility through wardship. Therefore, when a boy or girl fails to make a satisfactory adjustment, both private and public agencies may

return the child to the court for planning. These "returned" children may also be considered by the court for foster care.

After a child is "nonaccepted" or "returned," how is the decision for placement in a court foster home reached? The mechanics are quite simple. Any one of the court's twenty-six counselors may, with the supervisor's approval, give the foster home worker a file to study. For lack of another service, the child is usually held in detention pending planning. Psychiatric evaluation is obtained and psychometric testing is arranged for when indicated. A conference is then scheduled including the counselor, the foster home worker, and their supervisors, to determine whether foster care is the best plan. Rarely is a referral denied, even when prognosis is dubious, because other available plans are grossly inadequate and suitable resources completely lacking.

Adolescent Placement

Initially, the court foster home program concentrated on delinquent teen-agers. In view of their psychosocial development, it is difficult, at best, to place adolescents in foster homes. They are striving toward independence and appear not to want close ties at home. At the same time they are anxious, uncertain, needing assurance and yearning for close parental ties. Adolescence is a time of importance for final resolution of the identification process and even for the well-adjusted it is a traumatic time to lose a parent. What then of the teen-agers who become delinquent and are removed from their parents by the court?

Generally, a fairly complete breakdown of constructive parental ties precedes the delinquency. Finding

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that the adults most important to them are weak and inconsistent, these adolescents have developed little respect for authority. Failing to have their own needs met, they can scarcely be concerned for the needs and rights of others. "Normal" adolescent conflicts are heightened and relationships with all adults are questioned and strained. The delinquent who "doesn't care what happens" and who "can take care of himself" is a common type. In spite of the breakdown of family ties and the "I don't care" attitude, removal from the home is a frightening, painful experience. The court, because it is instrumental in the removal, must expect hostility—open and subtle, conscious and unconscious, from both children and parents.

Certainly this attitude toward placement seems contrary to the best professional ideas about the management of foster care. However, each year from 1946 to 1952 there were from thirty to forty adolescents in our court-operated foster homes. A study of those in placement in 1949 showed 66 per cent making improved adjustments, and another study four years later revealed 85 per cent making marked progress. The successful placement of "the unplaceable" is not attributed to some factor inherent in the court setting or to the development of new and unique techniques. The court has simply tried to use what is already known about good foster home practices—i.e., careful selection of foster parents; preplacement work with the child, parents, and foster parents; close supervision extending throughout the placement rather than only during the initial adjustment period; and community interpretation.

Problems of placing delinquent adolescents differ in degree, not in kind, from placing others of this same age group. The hallmark of the delinquent is a defective system of controls—an undeveloped superego which permits impulses to go unchecked. If, because of the child's faulty relationships and environment, socially acceptable standards have not been internalized, then reasonable but firm limits must be established. This is discussed fully with foster parents so they will hold the reins tightly enough. At time of placement, foster parents, child, and worker discuss dating, hours, etc., and a schedule is agreed upon. In many cases the foster parents' adherence to the rules, along with support from the worker, is sufficient to help the child stay within the limits to which he has agreed.

Probation

However, in the event the child pushes the set limits to the point where further delinquency is probable, the court foster home worker may use her only available unique tool—probation.

Probation simply means limit-setting. Although the worker is present when the rules for placement are first outlined to the child, she takes a relatively inactive role. When the danger point is reached, the court worker now becomes more aggressive and sets more formalized limits. Interviews may be scheduled more frequently for a period of time, appointments are kept at the office rather than in the foster home, and definite rules are written down. Depending on the child and the circumstances, a conference with the judge is sometimes arranged. These conferences are not used as a punitive measure, but

rather to point out exactly to the child what is expected from him and to assure him that the entire court staff, including the judge, is interested and concerned for his success.

Learning to conform does create frustration which, in turn, evokes hostility. This is accepted by the worker without resentment, and the child's feelings about it are handled as directly as other problems. Some adolescents who have experienced much hurt and failure do not have the capacity for basic personality change, but with definite limits have been able to conform enough to remain in the community.

Probation then has been an effective tool in stabilizing some children who have not developed adequate inner controls. Probation also affords the child opportunity for a new and positive experience with authority and the worker should always be aware of this fact. After eleven years' experience, the court believes it has been demonstrated that the foster home worker can use probation techniques to good advantage without causing undue conflict or hostility in the child.

Institution-weary "Unplaceables"

During the past two years, the court has placed a few adolescents who appeared to be extremely poor risks for foster care. These teen-agers had, as younger dependent children, experienced many years of institutional living. Each had then lived in a series of foster homes where he had acted out his conflicts in a delinquent act and had been returned to court as a delinquent. After a period of detention, each of these teen-agers said he would rather go to a foster home than to another institution because he was "sick and tired" of institu-

tional living; the institutional experience had not been marked by serious difficulty, but each said he had grown tired of the routine and confinement necessary to the institutional program. They were sincere in asking for homes and did not seem to be taking an "easy way out." Most of these adolescents approached foster care with a dispassionate attitude—just wanting to see how it would be to get along in a community. Because of the early damaging experiences and years of institutional living of each of these adolescents, the court worker did not expect a substitute parent relationship with the foster parents. The court worker, therefore, emphasized how imperative it was for the child to follow those rules necessary to remain in the home and community.

Contrary to expectations, most of these children have made unusual progress in foster homes under court direction. Of course, many psychosocial factors are involved and the court has not had enough cases of this nature on which to base a scientific study. However, there is one simple factor common to all these adolescents: their willingness to conform because they are weary of being confined to institutions. This weariness influenced their request for foster placement and seems also to be a factor in their satisfactory adjustment.

Fewer Referrals=Progress

Since 1952, there has been a steady decline in the number of adolescents referred for court foster care—certainly a happy development. There are several reasons for it.

The first is a change in professional emphasis. In the past ten years, and particularly since World War II, the dynamics of delinquency and methods

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of control and treatment have been intensively studied. In the Portland area more psychiatric and psychological services are available than when the court initiated its foster home program. With increased knowledge and improved techniques augmented with more psychiatric service, some of the adolescents who previously would have been placed are now being helped in their own homes.

A second reason for the decline in teen-age referrals for court foster care is a change in public and governmental attitudes. Noncourt administrative agencies now include the delinquent child in their precincts. Both Public Welfare and Catholic Services for Children can now accept adjudicated delinquents for foster care. In conjunction with this, the community has greater understanding, and hence more acceptance, of the adolescent in difficulty. Both developments are invaluable to the court's work with children—in their own homes as well as in securing foster homes.

The third major factor for decline in referrals is also twofold. With greater understanding of the causes of delinquency, greater emphasis has been given treatment and rehabilitation. More money has been appropriated and training schools have revamped their programs. Along with this, the therapeutic value of institutional placement for some children has been realized. Therefore, some teen-agers for whom placement would previously have been arranged are now sent directly to institutions as a step in a positive treatment plan.

Under Twelves

The seriously disturbed child under twelve has been the focus of the court foster home program since 1955. This does not reflect a new type of re-

ferral, but as adolescent referrals declined, it became possible to center attention on this younger group, most of whose tangled problems have been diagnosed as "character disorders." Their ego structure is weak, they follow the pleasure principle, they are impulsive and aggressive, and they often act out their problems in behavior by fire setting, running away, stealing, destruction, injuring animals, etc.

One readily questions the feasibility of foster care for these disturbed children and the reason for their referral to the foster home worker. The answer is blunt: community resources have been exhausted and the child is in the Juvenile Home awaiting planning by the court. Oregon does not have any type of residential treatment facility, and using another state's facility is rare both because the state does not provide much money for this purpose and because the child's prognosis is usually poor. As previously stated, children in Oregon cannot be committed to the state training schools before they are twelve. This means, for example, that if a disturbed nine-year-old child is returned to the court after other plans fail, he will have to remain in detention three years unless the court provides some other plan!

Without exception, each one of these children is seen by the staff psychiatrist, who is available to the court a half-day each week for diagnosis and consultation, or by the staff of the Child Guidance Clinic. The clinic is most cooperative with the court in working with these disturbed children, offering psychiatric evaluation, psychometric testing, therapy on a selective basis, consultation with foster parents in particularly difficult

new school situation. Detention provides security controls which are sometimes necessary, particularly for the child who has a well-established pattern of running away. Counselors' offices are in the same building so that in addition to frequent regular visits, the worker may be called for emergencies or when a child is upset. The routine, exposure to consistent authority, and acceptance by a number of people are positive factors in the detention setting. Regarding one child who was in detention while receiving therapy prior to placement, the psychologist wrote: "In the therapy interviews with D., a great improvement has been noted as a result of his stay at the Juvenile Home, where he has had a measure of stability, continuity, acceptance, and understanding control. He shows fewer nervous symptoms and is happier and better organized in his adjustment to reality." As in shelter care, the detention home is used as home base during the placement process and placements are made gradually.

More than Physical Care

Foster placement is considered a failure when the acting-out continues beyond what the community can tolerate, and the child, unable to respond to therapy in any notable measure, is returned to detention and subsequently sent to an institution. Even in some of these cases it is felt that what the child did receive in foster care will help him make a better institutional adjustment. This being the major criterion for failure, it can readily be seen that there are many "shades of gray" in the successful group. Through therapy and consistent, patient, understanding care from foster parents, some children have grown in their ability to relate; others,

through patient habit-training, have learned it is more pleasant to conform than to be in continuous trouble. Of the twenty-four disturbed children in court foster homes in 1956, nine have been returned to their own home under continued supervision of the court foster home worker, seven remain in foster care, five have been committed to institutions, and three have moved to another state or have become the responsibility of another agency.

As for noncourt foster care administrative agencies, the ultimate aim of court foster placement is to reunite families whenever possible. Repeatedly it has been found that the emotionally deprived child with strong neurotic family ties can benefit more in a weak, troubled family situation than in an excellent foster home. In response to one of the Blackie Projective Test cards, a ten-year-old boy recently told the psychologist that "Blackie" was unhappy and bad because the mother went away and that "Blackie" would continue to be unhappy and bad until the mother returned and said she was sorry. This clearly illustrates the importance of the family and directs our attention to the concept of the "hidden parent."⁴

The court foster home worker sees the parents during placement and also continues supervision after the child is returned home. Of the children returned home in 1956, some had been in placement as long as four years. During this time, various changes took place which made return possible. In the majority of cases, parents were reunited or remar-

⁴Almeda R. Jolowicz, "The Hidden Parent," Washington, D.C., Federal Security Agency, 1948.

ried and because of improved marital relationships were able to offer more stable homes. Some had received psychiatric care and others responded to a supportive relationship with the worker. Regardless of the specific reason, in all cases the personal burdens of the parents were relieved, permitting them to direct more energy to the care of their children. The pathology is extensive in the homes of many disturbed children, and return is unforeseeable. Some parents are on parole from the state mental hospital, some are in prison, and others are so rejecting and engulfed in their own problems they have little left to offer their children. The seven children remaining in foster homes from the 1956 group are from homes such as this and for them the plan for foster care is indefinite.

Foster Parents

The court has only gratitude and praise for the foster parents who accept the disturbed children placed by the court. They are considered as colleagues, and during preplacement are given much information about the child's background and difficulties. After placement, they are given all the service the court has available, as well as help from the Child Guidance Clinic when needed. It is not unusual for a foster family to experience community pressure against keeping an acting-out child, and part of the foster home worker's function is to interpret the child's needs and the foster home plan to the school and community.

Always with us is the problem of where to find that special home just when it is needed. Not infrequently the foster home worker finds it necessary to "beat the bushes" for a certain

kind of home after learning to know the child and receiving the psychological report. With different children, different things are important, such as age of foster parents or presence of other children. However, in every instance, foster parents are sought who can accept "our kind of child," will not be unduly upset by his behavior, and have patience, determination, and a keen sense of humor. Foster parents, like the foster home worker, must be able to accept realistic goals in planning, always aware that the child who has not received love cannot give it and that for this deprived child help must be directed to the routine of good habits. In addition to accepting the limitations of real basic change, foster parents and worker alike must face the fact that it takes a long time and persistent effort to help the emotionally damaged child learn acceptable habits.

Problems facing the court are undoubtedly similar to those of other agencies placing disturbed children in foster homes. Because of the small specialized nature of the court's program, few people who inquire about becoming foster parents actually apply. Some people think a long time about giving care before applying, but once having made the decision they are eager to get started. Never knowing when a child may be referred to them, and knowing that the number of children awaiting placement is small, applicants sometimes decide to work with another agency. Because special selection for each situation is necessary, court homes are not always in use and this can cause a problem. Some good foster parents like to have more than one child, but the majority of court placements for

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the younger children are single. Having only children with difficult placement problems, the court cannot relieve foster parents by alternating a more upset with a less upset child who gives more satisfaction to the parents. Because special homes are scarce, the court's temptation is to neglect its responsibility to foster parents by overworking them. In relation to foster parents, the court has found the old axiom, "you get what you pay for," untrue. Board payment is \$75 a month.

Historically, juvenile courts have made major contributions in pointing up specialized needs of children. The foster home program of the Multnomah County Juvenile Court was born out of necessity and was envisioned to meet the needs of a particular group of children only until such time as other community services were developed. Through new techniques and extended services, the foster home needs of the delinquent adolescent, for whom the program was established, have almost been met outside the court's program. The

court's foster care program now centers in a group of seriously disturbed children under twelve. Neither the county nor the state offers any placement resource for these youngsters. It can be argued that if the court did not offer foster care for the seriously disturbed, the community, through necessity, might develop an appropriate service. This may be theoretically true, but these children stand on the court's doorstep awaiting help, and withholding services until a treatment resource is established can hardly be justified.

The court has also found that many of the younger disturbed children previously considered "unplaceable" because the "ideal" resource was not available have made successful adjustments in foster care, and that the success is accounted for by a complete study and evaluation of each child, therapy at the preplacement level, and maintaining focus on realistic goals during placement. The court has not developed new methods, but rather has implemented what is already known of good foster care practices.

An Experiment in Group Placement of Juvenile Parolees

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Division of Corrections, Wisconsin State Department of Public Welfare

FOR the past couple of years the Division of Corrections of the Wisconsin State Department of Public Welfare has been experimenting with the use of small group homes for the placement of selected juvenile parole cases. Each of these homes is licensed by the department to care for six youngsters. We have been the supervising agents in two of the homes, and we propose in this article to describe the experimental program and to share with others some of the things we have learned thus far. It should be emphasized, however, that we speak only for ourselves and not for the entire Division of Corrections.

Juvenile parole in Wisconsin is administered within the state's integrated correctional system. At any one time, six to seven hundred persons between the ages of twelve and twenty-one are on parole from our two juvenile institutions, the Wisconsin School for Boys at Waukesha and the Wisconsin School for Girls at Oregon. For some time it has been apparent that some type of placement other than the parent's home, a job, or even a foster home was required in the postinstitutional treatment of these youngsters. Too many of them have been (and still are) returned to

the same homes which were instrumental in their delinquency in the first place. Those placed elsewhere have usually had to be put where a home was available at the moment, rather than according to their needs. This has been a matter not of choice but of necessity, born of a lack of funds. Funds for foster homes for the juvenile parolee became available in Wisconsin only about five years ago.

Even then, however, there were still certain cases which needed a type of placement experience different from what we were able to provide. We then began to think about the possibilities of group care; we believed that a substantial number of youngsters could profit from this type of placement but could not succeed in a foster home.

This belief has been strengthened by our experience with group homes thus far. A number of the youngsters who had failed in numerous previous placements have adjusted very well in the group homes. Some of them did not have the capacity to relate to "foster parents"; the very phrase "foster home" was a threat to them. The group situation has been found to be much more acceptable: it provides (1) a neutral setting in which fewer emotional demands are made of them; (2) a socializing process to help them work out their place in society with the aid of the security derived from being part of a group;

* Mr. Wogahn is District Supervisor in the Division of Corrections; Mrs. Sommer's title and Mr. Larsen's is State Probation and Parole Agent.—Ed.

(3) a transition for the youngster who will later be able to move into some other type of situation; (4) a temporary placement facility when time is needed for observation or for planning with a youngster for a more permanent placement.

The Group Parents

Numerous considerations went into the selection of the two homes which we have supervised in this program. Of primary importance, of course, were the couples chosen to act as group parents. Certain characteristics were set down and have been confirmed as desirable attributes for group parents. They should be observant and intelligent enough to be able to recognize and cope with problem situations as they arise. They should be old enough to be capable of forming effective relationships with the youngsters in their home. They should have a basic understanding of young people and an accepting attitude toward the problems young people often present. They should be emotionally stable; if they are not, they cannot supervise the emotionally unstable youngster. They should be secure enough to be able to accept supervision and to proceed with confidence on their own.

We felt that experienced foster parents who had already demonstrated their interest and ability in working with problem youngsters would be the best prospects for group home parents. Previous experience would make them less likely to be overwhelmed by the rather awesome responsibility to be placed on them.

We do not think, however, that all successful foster parents can be successful group parents. Unlike foster parents, the group parents must be

willing to leave the selection of the youngsters to be placed in their homes entirely up to the agent, and they must be able to accommodate a new youngster at any time. Then, too, dealing effectively with six adolescent youngsters of diverse backgrounds and problems is much more difficult than dealing with one or two at a time. Indeed, it sometimes seems that each addition to the size of the group increases the problems geometrically instead of arithmetically. The group parents must therefore have an intense desire to work with young people and a willingness to give unselfishly of themselves, often with very little expression of thanks in return. Theirs is a 24-hours-a-day responsibility. The average foster parents would simply not measure up to the demands of the group situation.

We were very fortunate in finding two couples who possessed enough of the attributes to make good group parents and at the same time were willing to undertake this difficult role.

The E. home for boys was the first of our two group homes to be set up. Mr. and Mrs. E. were sixty-four and sixty-three years old, respectively, at the time. Both are college graduates. Mr. E. is a retired businessman and farmer; Mrs. E. had taught school for eleven years prior to her marriage. They have been married for over thirty years and are well adjusted to each other. They have raised two children of their own, a boy and a girl, both grown and married. In addition, their home had been used as a work placement and foster home for our cases in the past. We knew they were very much interested in young people, though their motives in becoming group parents were not entirely philanthropic. Originally their

motive was partially a desire to supplement their income; it was definitely subordinate, however, to their interest in working with young people.

The second group home which we are dealing with is the C. home for girls. Mr. and Mrs. C. were fifty-eight and fifty-six years old, respectively, when their home was licensed as a group home. Neither of them had an extensive formal education, but they are capable, intelligent, and understanding. They have been married for thirty-six years. They have had no children of their own, but they have had a hand in rearing several nieces and nephews. Prior to becoming group parents they had demonstrated remarkable success as foster parents and had boarded as many as three girls in their home at one time. They became interested in the group home program mostly out of a desire to do something worthwhile for more young people. Mr. C. is regularly employed outside the home and financial gain is not a primary motive in their serving as group parents.

Physical Facilities

A second consideration evaluated in the search for our group homes was the actual building which the prospective group parents had available. At first we thought that group parents must own their own homes, but we have found that while this is an advantage, it is not necessarily an essential qualification. The chief difficulty in renting, of course, lies in the fact that many landlords do not want to rent their property for use as a group home for delinquent youngsters.

The home for our purposes must, of course, be fairly large since it must house at least eight people. We do not feel that individual rooms for

the youngsters are necessary, however, and are inclined to think that sharing a room with others has been a constructive experience for them. Perhaps much of the value of the group living experience would be lost if individual rooms were provided. We have tried, though, to make some provision for privacy for each youngster, even if this has been only in the form of bureau drawers for his exclusive use.

Sanitation and safety were other items to be considered. Every community has standards which apply to private dwellings and which are not difficult to meet. (There was, in addition, an important initial question in Wisconsin—whether the home might be classed as an institution, thus becoming subject to other rigid regulations which obviously most private homes could not meet. If such regulations had been ruled to apply, this program would never have come into being.)

The two dwelling units which house our groups are quite different in many ways, but each has proven satisfactory in most respects.

The E. home for boys is a farm home. Mr. and Mrs. E. own the farm (but rent out the land). There is ample space for outdoor recreation and there is a river about a quarter of a mile away. The house is a 25-year-old two-story frame structure in good condition, attractively decorated, and with all modern conveniences. In addition to a full basement, an enclosed porch, and a bathroom, there are seven good-sized rooms, four of which are bedrooms (on the second floor). The boys have two of these bedrooms and sleep in bunk beds, three to a room. Closet and drawer space is adequate.

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The C. home for girls is in the city. Mr. and Mrs. C. rent a comfortably furnished apartment over a grocery store in a residential neighborhood, across the street from the high school which the girls attend. The grocery store on the ground floor is operated by the landlord, who is interested in the program and willing to cooperate in every possible way. In addition to two porches and two bathrooms, the apartment consists of six rooms, four of which are bedrooms. Three of the bedrooms are for the girls; one has three single beds, another has two single beds, and the third is used as a single room. Each girl has her own closet and drawer space.

Location

A third consideration in establishing these group homes was location. Our preference was for homes in or very near the communities where our offices are located. We obtained this in one instance, but not in the other, and the effect of the location of the homes has thus been demonstrated very clearly.

The C. home for girls is located in the city in which the supervising agent has her office. This has proved to be a great advantage since it makes the agent available whenever a situation arises that demands her attention. She is able to be in the home every day, if necessary. This is important because there are many problems which the group parents cannot be expected to handle alone and because the settling of some of these problems cannot always be safely postponed until the agent's regularly scheduled visit. Of course, the danger of "oversupervising" must not be ignored and too much dependence on the agent should not be fostered, but

this is a danger which a capable agent knows how to avoid.

The E. home for boys is located about thirty miles from the supervising agent's office. A lot of time is consumed in traveling to and from the home, and the agent has found it necessary to set aside one afternoon each week for a visit. Of course, he is on call at all times if a major problem arises that demands his attention, but the tendency is for everyone concerned to "save up" things during the rest of the week for that one afternoon. This means that the youngsters and group parents may have had to nurse problems for several days before having an opportunity to discuss them with the agent; it means that important matters are sometimes ignored simply because the agent is not available; and it means that on the agent's regular day in the home so many things have to be discussed that none of them receives the thorough attention it deserves.

Another disadvantage in the E. home location pertains to school arrangements. The bus goes right by the home but the school the boys must attend is a small one, located in a town of about 2,000 population. We have not been able to win acceptance of our program in the school, which is not big enough to absorb these boys without their being identified as "delinquents" from the outside. We suspect that much the same problem would be encountered in many communities of this size. We have not been faced with this problem in the large school attended by the girls in the C. home. There the school administration has cooperated and the girls are less conspicuous.

Transportation is a problem not only for the agent, but also for the

group parents in a rural home. Having a group of youngsters in their home means that the group parents must make countless trips into town which they wouldn't otherwise make. The boys ordinarily have no way of getting around unless the group parents take them. Of course, this has its advantages, since it pretty well eliminates the problem of too much chasing around. Rural location also, as mentioned above, provides ample space for wholesome outdoor recreation; on the other hand, work opportunities are limited, a vocational school program is not possible, and participation in many worthwhile church, school, and organizational activities is difficult if not impossible.

Intake, Supervision, and Termination

Definite intake policies were established immediately to screen all referrals. Responsibility for intake decisions was centralized in the agents supervising the homes for both administrative and casework reasons. Administrative chaos would result if more than one person made placement plans in these homes because only the group home agents know at all times how many openings are available and what the plans are for filling existing vacancies. From a casework standpoint, too, the group home agents are in the best position to decide whether a particular case will fit into one of these homes. The referring agent may be in a better position to evaluate the strengths and weaknesses of the youngster being considered, but the group home agent is in the only position to evaluate the group as it is then composed. This is an important point, for a particular case might well fit into a group home at one time but not at another.

Extreme care in screening is indispensable. Not every youngster can profit by this type of experience, not every youngster can adjust to this type of environment, and not every youngster would be acceptable to the rest of the group. We think that the group home can be effective with some very difficult cases, but it should not be used as a dumping ground for them simply because they are difficult to place elsewhere. It is no place for the psychotic, the epileptic, the incendiary, or the homosexual. It is not the place for the youngster whose disturbances and problems require intensive individual attention. A misplaced youngster in this type of setting is more likely to disturb the others than to be helped by them.

Intake of cases into these group living situations should be staggered to achieve the most effective use of the strengths of the group. The structure of the group home can be most useful to the newly placed youngster if there are some members in the group who have been there for some time. These "veterans" give continuity to the program and are invaluable in the acclimation of the new member and in providing the proper kind of leadership. Excessive turnover makes for unstable composition of the group and reduces opportunity for a climate of conformity and a healthy esprit de corps.

Like intake, supervision of the cases in the group home also must be the responsibility of one agent. The home is used primarily and mostly for long-term care and it would be confusing to everyone to have several agents working with the youngsters. Therefore, complete responsibility for supervision as well as intake has been centralized in the group home agent.

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This has provided continuity of supervision and planning.

It follows naturally that termination of the placement should also be the responsibility of the group home agent. He is able to observe closely the readiness of each youngster for a different plan and can proceed accordingly. In a few cases revocation and return to the institutional setting has been necessary; in others, an individual foster home placement has been arranged when it appeared that such a plan would better meet a youngster's needs. One of the boys was able to enter the armed forces, and jobs have been obtained for other youngsters who were ready to become self-supporting and independent. Marriage or discharge from custody might be other reasons for termination.

Discipline and Rules

Firm discipline and certain formalized rules are essential. Young people want discipline and a reasonable set of rules which they are expected to follow. They sometimes give the impression of rebelling against both; actually they rebel not against discipline and rules per se but against the extremes of these things. The effect of unreasonable demands and of no demands at all in the etiology of delinquency is too well known to belabor here, but it might be well to remind ourselves that a just system of discipline and rules, with the assurance of both punishments and rewards when they are deserved, provides structure and contributes to a sense of security which cannot be given in any other way.

The rules in our group homes are as few and simple as possible, and they have been found to be necessary and helpful. They are not exactly

the same in the two homes because the problems presented by boys and girls are not the same and because the locations are different; in general, they pertain to hours, activities, school attendance, home visits, work assignments, etc.

It usually takes a few days for the newly placed youngsters to fit into the routine of these rules. During that time he tests them, attempting to gain concessions and exceptions. He quickly learns, however, that the rules apply to everyone and he soon accepts them. Though some interpretation of the rules by the agents is necessary, the most effective interpretation usually comes from the other youngsters in the group.

Disciplinary action for violation of the rules has been no more severe than necessary, but it has been firm and as certain as we have been able to make it. Minor violations have usually been handled by the group parents. More serious violations of the rules and all violations of parole regulations have received the personal and immediate attention of the agents. This has been essential in order to maintain control, which, once lost, can be extremely hard to regain.

Occasionally, however, it has been unnecessary for either the group parents or the agents to take disciplinary action for offending behavior. The groups sometimes have their own effective and acceptable ways of dealing with a member who does something which adversely affects the others or which outrages their sense of propriety. An example of this happened in the E. home shortly before Christmas, 1956. The boys had saved some money from their weekly allowances to buy Mr. and Mrs. E. a gift. The money was then given to

one boy to make the purchase. Instead of buying the gift, however, he spent the money on himself. The other boys took care of the matter very effectively themselves by seeing to it that the money was repaid from the culprit's allowance and by excluding him from all group activities until it was repaid.

Of course, this sort of thing must be watched to prevent it from getting out of hand. Youngsters cannot responsibly police themselves in all matters, though perhaps they can do a better job than adults sometimes give them credit for.

Home Visits

Space does not permit an exploration of all the other problems of group homes, but one of considerable importance is visits by the youngsters to their own homes.

We have followed the policy of permitting such visits except where they would be definitely harmful in a particular case. The homes and parents of some of these youngsters may be grossly unfit, but the youngsters still idealize them and usually look forward to an opportunity to visit them. These visits have been closely controlled, however, and have been allowed only on special occasions. They usually result in the temporary loss of some of the progress which a youngster has made, but a few days after his return from such a visit he is back in the routine of the group home again. The problems resulting from refusal to let a youngster visit his parents are often more severe and of longer duration than those resulting from such visits. Thus far the youngsters have returned pretty much on time and without having become involved in any serious trouble during their absence.

We have encouraged visits from those parents who live fairly close to the group homes. This has usually resulted in their increased cooperation. Perhaps partly as a result of our visiting policies we have had almost no interference from the parents.

Leadership

Numerous forms and levels of leadership interact in group home situations. First of all there is the leadership exerted by the group parents. They are the ones who are doing the day-to-day supervising of the youngsters' activities. It is from their acceptance, understanding, patience, and wisdom and from the good examples which they set that the youngsters entrusted to their care will benefit.

A second form of leadership present in these homes is that which is exerted by the youngsters themselves. If this leadership is bad, the whole group is affected adversely; if it is good, the whole group will benefit. We have kept this in mind at intake and have attempted always to have in each home at least one or two youngsters able to exert a positive influence on the others. Likewise, we have attempted to keep out the youngsters who would be likely to lead the others astray.

A third form of leadership is that exerted by the supervising agents. It does not consist of autocratic direction, but it has sometimes had to be more direct than subtle. In exerting this leadership the agents use many standard principles and techniques of social work. They form purposeful relationships, define limits, lend support, and give encouragement and recognition. Their role cannot always be that of the mere "enabler," how-

ever. The function, position, ability, and experience and expected charges planning, administering the re-education not only lives but further education. They are of the p-

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ever. They must keep in mind the function of their agency and their position of authority and responsibility. They represent the demands and expectations of society. They are charged with the responsibility of planning, coordinating, and administering treatment plans to achieve the re-education of these youngsters, not only to enable them to lead better lives but also to protect society from further delinquencies on their part. They are the key to the operation of the program.

Costs

The Wisconsin State Department of Public Welfare pays the group parents in this program a subsidy of \$15 per bed per month, which amounts to \$90 a month in each home, since each is licensed for the care of six youngsters. This sum is paid every month even if the homes are not always filled to capacity. In addition, a board rate of \$2.50 per day per child is paid. An initial wardrobe of whatever clothing is necessary is furnished at the time of placement, and thereafter a clothing allowance of \$8.50 per month is included in the budget of each youngster. In addition, a \$10 per month personal allowance is granted each child. Necessary medical and dental care is paid for by the department.

The cost of this program is fairly high, probably double the cost of placing the same number of youngsters in individual foster homes—but less than the price of institutional care.

A comparison of costs, however, is meaningless without considering other values as well. Equally important is

the question of which type of placement is likely to be most effective in the re-education of a youngster. We do not advocate group home placement for all delinquents, but only for certain selected cases. If such a placement can contribute more effectively to the readjustment of certain young offenders than can other placements, then the additional cost is not a very big item.

Evaluation

The program has now been in operation on a rather limited basis for about two years. It is still in an experimental stage, and we have not dealt with enough cases to be able to present an imposing or significant set of statistics. Our experience thus far has been heartening, however, and we think the program has a useful place in the overall plan of delinquency treatment in Wisconsin.

We have witnessed in the group homes the success of cases which we feel certain would have failed in a different setting. Quite a number were considered exceptionally "tough"—youngsters who were difficult to place or who had failed in previous placements and were referred to us as a final alternative to return to the institution from which they were paroled. Nevertheless, our success rate has been as good as, if not better than, the success rate for all juvenile parole cases in Wisconsin.

We see possibilities for a more extensive use of this type of placement facility in the future. If this should come about, we hope that some statistically valid studies will be made to determine more accurately the effectiveness of the program.

Aftercare Programs

FRANK L. MANELLA

Executive Director, Citizens' Committee on Youth, Cincinnati

FOR a child who has been adjudged delinquent and has been committed to a state juvenile training school, the most important step in the rehabilitative process is his step back into the community. Most of his problems can be traced to his home and the neighborhood in which he lives; therefore, his successful rehabilitation will depend to a great extent on what happens to him when he returns to the environment from which he was taken. During this transition period the need for supervision and assistance by a trained person is paramount; the absence or weakness of an aftercare program may be a contributing factor to recidivism.

The following statements, in a recently published report surveying Pennsylvania training schools for juvenile delinquents, clearly define the role of aftercare in the treatment program:

Aftercare programs throughout the state [should be] integrated with the training programs at the institutions to insure successful readjustment by the child in the community. . . . Relationships between the schools on the one hand and the probation officer and community agencies on the other [should be] adequate to assure that the pattern of rehabilitation evolved by the training school will be carried through in the parole period. . . . The schools [should recognize] the importance of the aftercare period in the rehabilitation of the children [and] the prerelease programs at the schools [should be] geared to the problems of adjustment facing the child on his return to the com-

munity. [This calls for] formal prerelease programs, designed to prepare both the child and the community [through contacts with family, school, church, employer, and other agencies] for the child's parole period. . . . Satisfactory readjustment and rehabilitation [should] play a role in determining a child's readiness for release. [Too much emphasis is placed] on "good behavior" during a prescribed minimum length of stay as the prerequisite for release. . . . [There should be adequate] procedures for measuring the child's adjustment at school so that the most opportune moment is chosen to return the child to his community, regardless of any time factor. . . . A program of work with the parent, which begins with and runs concurrent to the treatment program for the child, is the surest guarantee of the effectiveness of the whole training school experience. . . . Determination of the optimum point of readiness for planning release should flow naturally out of progress in treatment. . . . Failure to grasp this timing may permit a child to slip into a plateau of institutionalization which makes movement toward release as well as later adjustment more difficult, or the child may "beat the game" by merely "doing good time." The decision for release should be compounded from the participation of all who work with the child, on the basis of the adjustment the child has been able to make. . . . Release and aftercare process must concentrate on the child, family, and the community . . . and this involves the sustained, intensive aftercare supervision by a trained caseworker, preferably one who has connection with the training school and has the "feel" and knowledge of its program and personnel. By "supervision" is meant not a periodic parole

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checking, but a rehabilitative relationship which is continuous with the contact the child has had with the clinical staff of the institution. Parent and child need a great deal of help to understand and readjust to each other in the new light of the changes which have occurred. . . . The essential point to bear in mind in the whole question of release and aftercare is that what is done with the child and his family before, during, and after the training school placement is all one treatment program. They are all interrelated parts, dependent on each other in one total effort to save a child.¹

Reasons for Poor Service

Although the individual states approach the aftercare problem in a variety of ways, weakness of service is common to most of them. In each instance it may be accounted for by one or more of the following circumstances:

1. No centralized administrative authority to develop and integrate a statewide aftercare program.
2. Little or no probation service. Few counties have a juvenile court probation staff capable of implementing aftercare. In many courts the returnee becomes a part of an already heavy caseload.
3. Adverse attitudes of the community toward children returning from state training schools.
4. Unsuitable or incomplete placement plans, or none at all, especially for those children who are mentally slow, or have physical, social, or emotional problems.

Standards

The U.S. Children's Bureau and the Special Juvenile Delinquency Project set up the following standards

¹"Survey of Pennsylvania Training Schools for Juvenile Delinquents," Government Consulting Service, University of Pennsylvania, June, 1954, pp. I-3, I-6, II-10, II-11.

for considering the return of a child to his community from a state training school:²

1. The decision to return a child to the community should be based on an estimate of the progress made by the child in the institution and of the strengths and limitations of the community situation in which he will live.
2. An aftercare program should be maintained for the guidance of children from the school.
3. Persons employed in the aftercare program should be graduates of recognized schools of social work.
4. There should be at least one aftercare worker for every thirty children discharged per year.

Replying to a question about the best administrative structure for an aftercare program, William Sheridan (Chief, Technical Aid Branch, Division of Juvenile Delinquency Service, U.S. Children's Bureau) quoted the following from the "Summary and Recommendations" in a study entitled *The Control of Juvenile Delinquency in Maryland*:

Experience has demonstrated that effective placement and aftercare require continuous cooperation with the training school from the time of the child's commitment; this is so vital to success in rehabilitation that the placing and supervising worker must be a member of the treatment team, and cannot discharge these tasks as an incident to county social work. The development of an effective aftercare program calls for a statewide staff, regionally located, serving all schools, and directly responsible to the state agency administering the training schools.³

This, Mr. Sheridan concludes, is the preferred position of his agency on

²"Juvenile Delinquency in Texas," Texas Legislative Council, Austin, November, 1954, p. 277.

³Letter to the writer, May 10, 1956.

this matter. He adds that "in addition to requiring cooperation of the training school, work with the family should be continuous from the time of the child's placement in the training school, which means that the worker must be accessible to the family and knowledgeable with respect to community resources." He continues: "Our second preference would probably be the provision of aftercare supervision by training school personnel. In states with a small geographical area, this might be feasible. In large states, however, such a plan would entail an undue amount of time and expense involved in travel. We do not consider the provision of aftercare supervision as an appropriate function of a probation department. Where such service is provided through another agency, such as a welfare department, it is necessary to see that personnel have the skills and ability to work with older, aggressive delinquents, and they be assigned full time and have specific responsibility for this function rather than have it placed on workers as a task incident to the numerous other functions of a child welfare worker."

Types of Service

Keeping Mr. Sheridan's preferred aftercare programs in mind, we can now classify the main types of aftercare service.⁴ There are a number of other approaches, but the following classification embodies most of the systems now operating in the United States:

1. *Service by a State Agency*—specifically established to provide aftercare. In a large state, regional offices

are set up at strategic points. A widely recommended form; but most states are unable to finance it as they should for its proper operation.

2. *Service by the Casework or Parole Staff of the Training Schools.*

3. *Service by the Juvenile Court or Court of Commitment*—supervision and guidance by the court's probation staff.

4. *Service by a Public or Private Casework Agency*—upon request of the court of commitment or the authority responsible for the release of the child. A subsidy may be provided to employ the necessary staff. The value of this plan is that it places emphasis on general child welfare rather than on delinquency correction alone.

5. *Service by an Adult Parole Authority*—by probation and parole workers in addition to their regular work with adults. The federal probation program is operated on this plan. Widespread opposition to this type of aftercare service; chief argument is that it tends to extend to juveniles a treatment process appropriate for adults but not for children. Many persons fear that any alignment of juvenile and adult programs in correction will always operate to the detriment of the juveniles.

6. *Service Provided Directly by the Judge*—especially in small rural counties and in courts with limited probation staffs.

7. *Service by Volunteer Organizations*—such as Big Brothers and Big Sisters, in conjunction with the local juvenile court. Value of such supplementary volunteer service is acknowledged, but it should not be expected to supplant or substitute for state responsibility.

In 1953, the U.S. Children's Bureau conducted a special study to deter-

⁴ Raymond L. Manella, Chief, Division of Training Schools, Maryland State Department of Public Welfare, Letter, May 10, 1956.

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mine who operated the aftercare or parole programs for children released from state training schools in the United States and its territories and possessions. Responses to its questionnaire were received from 109 schools out of a total of 129; every state except Kentucky and Nevada sent in a report. Eighty-three indicated that the aftercare program was operated by one agency exclusively; twenty-six indicated that several agencies operated the aftercare program.⁵

A 1957 study by the Florida Children's Commission on "Aftercare Services for Juveniles" found that responsibility for juvenile aftercare was placed as follows: in the state training schools—in ten states; in the state department of which the school is a unit—in twelve states; administered jointly by the school and several agencies—in twelve states; by the state youth authority—in five states; by the probation department of the committing court—in four states; by the state adult parole authority—in one state. No response was received from four jurisdictions.⁶

Both the Children's Bureau study and the Florida study emphasize the variety of ways in which administrative responsibility for aftercare is designated not merely in the statutes but also in actual practice. Neither survey attempted to evaluate the effectiveness of any individual program; although it would be desirable, such a qualitative analysis would be very difficult to conduct nationally.

⁵ Note 3, *supra*. See also "Some Facts about Public State Training Schools for Juvenile Delinquents," Children's Bureau Statistical Series, Number 33, 1956.

⁶ "Aftercare Services for Juveniles," Florida Children's Commission Report No. 1, 1957 Series, prepared by Frank L. Manella, Field Representative, Tallahassee, Fla.

Differences Illustrated

There is no master plan on which a statewide aftercare program for juveniles can be organized, and many states today are still searching for ways and means of establishing or improving their aftercare system. One group of administrators supports the establishment of a statewide aftercare agency to serve all schools; another holds that aftercare is properly within the purview of the individual training school; still another maintains that aftercare should be the responsibility of the juvenile court or court of commitment. Differences of organization of juvenile aftercare are illustrated below by brief sketches of programs now operating in eleven states.⁷

CALIFORNIA

In California, aftercare service, referred to as placement and parole, is centered in the Parole Section of the Youth Authority's Division of Field Services, which provides direct supervision and casework counseling for wards of the Authority in the home and the community. The program includes furloughs, trial placement, and parole. A ward can be recommended for a furlough after he has been in the institution program for six months, or has been referred to placement, whichever occurs first. Trial placements are used to bridge the gap between the close supervision of institutional living and the relative freedom of parole. Each youngster released from a Youth Authority school or clinic is given a trial placement before parole to establish his ability to adjust in society. Full parole is achieved in one of two ways—by successful adjustment on trial placement or by direct parole release by the Youth Authority board.

⁷ *Florida Children's Commission Report No. 1, op. cit.*

CONNECTICUT

In Connecticut each of the three juvenile training schools provides its own aftercare program through its own social service department.

FLORIDA

The Florida Juvenile Court Act of 1951 provides that any commitment made to an industrial school shall be indeterminate and that any child so committed is to be released when directed by the Board of Commissioners of State Institutions, rather than upon the order of the juvenile court committing the child. The juvenile court, in committing a child, does not lose jurisdiction, but it does not exercise active control over the child while he is in the school. The Board of Commissioners of State Institutions sends notice of release to the juvenile court which committed the child, and the court may thereupon resume control and thereafter make orders for the proper supervision of the child. This statutory assignment of responsibility for providing aftercare service in the juvenile courts throughout the state does not mean that the service is actually being provided or that, when it is, its quality meets the needs of the children. Twelve Florida counties have separate juvenile court systems with some trained staff; in the remaining fifty-five counties, the county judge serves as the juvenile court judge.

LOUISIANA

In Louisiana the juvenile court has continuing jurisdiction until the child reaches his twenty-first birthday, unless he is discharged prior thereto by the court. It is primarily on the basis of this continuing jurisdiction of the court that juvenile parole is set up in Louisiana; the court grants and supervises juvenile parole. A 1952 act

authorized the Bureau of Juvenile Probation and Parole of the Department of Public Welfare to provide parole service to juvenile courts upon their request. For the purpose of this service the state is divided into eleven districts; the officers work out of public welfare area offices in assigned districts under the direction of the state supervisor of juvenile probation and parole. The training schools are in the Department of Institutions; the relationship between the institutions and the field aftercare service is co-operative only. The juvenile is generally released on parole by the court to the bureau for supervision for an indefinite period. Parole can be revoked and the juvenile recommitted only through the court.

MISSOURI

In Missouri the State Board of Training Schools maintains a specialized staff to supervise boys and girls after their release from the state training schools. Each officer is responsible for direct supervisory control in a number of counties.

NEBRASKA

Each of the ninety-three county divisions of the Nebraska State Division of Public Welfare is responsible for aftercare of its youth released from the state training school. Upon request of the school superintendent, the caseworker of a county division decides when a youth is ready for release and makes parole plans; he visits the youth at the school, consults with the school personnel, considers with the family how to strengthen the home situation, and supervises the youth after conditional release is effected. In some instances the school superintendent assumes direct responsibility for placement of a youth and

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notifies the county division about this plan; this closes its child welfare case. Subsequent referral reopens a case. If return to the school is indicated for a youth on placement, another commitment order is not necessary.

NEW HAMPSHIRE

The state training school at Manchester, N. H., administers its own aftercare program. A released juvenile is given trial placement status in the community for at least three months; if this works out successfully, it is followed by formal parole status. Changes in the juvenile's release plan, or violations of trial placement or parole regulations, are referred for action to the school's superintendent and its board of trustees.

NEW JERSEY

Through an agreement between the New Jersey State Board of Child Welfare and the Central Parole Bureau of the State Department of Institutions and Agencies, the former assumes responsibility for parolees from the State Home for Boys and the State Home for Girls. The board is authorized to provide care and supervision of all children paroled or released from state correctional institutions before their fourteenth birthday. For those fourteen or fifteen, either the board or the parole bureau may assume responsibility, depending on which arrangement best serves the child's needs. Children sixteen or over when paroled are the responsibility of the parole bureau, although the board may accept supervision if the institution requests it and the board believes that such a plan would be in the child's best interests.

NEW YORK

The Division of State Institutions and Agencies in the New York State

Department of Social Welfare has direct responsibility for administration of aftercare programs for juveniles. Before 1956 all aftercare service was the responsibility of the superintendent of each training school. This is still the system for the girls' training school, which receives girls from all parts of the state, and for one institution for boys which serves most of the counties outside of New York City. These two institutions have field officers in population centers throughout the state. In 1956 a second pattern of aftercare service was set up because the institution receiving boys from New York City was crowded and a second institution for that area was opened. In order to avoid duplication in the field services this work was reorganized so that these two institutions are served by one office in New York City.

VIRGINIA

In Virginia all juvenile commitments are to the State Board of Welfare and Institutions. Upon completion of a study by the Child Care Bureau, a child may be sent to one of the training schools. Recommendation for release is made by the institution's progress committee to the placement committee (juvenile parole board), which is appointed by the director of the Department of Welfare and Institutions and consists of representatives of the Child Care Bureau, the Division of General Welfare, and the Legal Division. When the committee approves the release, the institution contacts the juvenile probation department in the child's county; where there is no probation department, the institution refers the case to the local county superintendent of public welfare. Once the child

is released from physical care, he returns to one of the community agencies for aftercare supervision. The state holds the commitment open until such time as the supervising agency recommends a discharge. No child can be returned to state care, regardless of cause, without approval by the juvenile court judge.

WASHINGTON

In Washington, aftercare for boys is centrally administered by the State Department of Institutions. Aftercare for girls is still supervised by the girls' training school, but plans have been made for supervision by the department's central office. The objective is integration of institutional and aftercare services, with both programs

under the direction of the Chief of Institutional Services. (This organization is different from that in the youth authority states, where the two functions are usually in separate divisions.) District field counselors meet monthly and make monthly visits to the institution to which they are assigned to see their cases and discuss their caseload with the institution social service personnel.

Although the debate continues about who should be responsible for aftercare, no one questions the need for aftercare service. It is the link that completes the chain of rehabilitation in juvenile correction. Its quality may make or break the total rehabilitation effort with each child.

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News & Notes

Henrietta Additon, member of NPPA's Board of Trustees, has retired as superintendent of Westfield State Farms. The following is an editorial about her in the *New York Times* for December 23, 1957:

MISS ADDITON "RETIRES"

After seventeen years of dedicated service as superintendent of Westfield State Farms—the New York State prison and reformatory for women—Henrietta Additon is no longer to carry the heavy burden of that post. Retirement is not the word for it. For Miss Additon to be inactive is unthinkable, as is activity in any other than her chosen field: helping girls and older women to deal with the most difficult problems of life, especially those women whose failure to do so has landed them in jail. It is good to know that she is now going to serve as private consultant to agencies concerned with correctional problems.

As probation officer, lecturer at Bryn Mawr, deputy New York City police commissioner in charge of the Crime Prevention Bureau, and above all as head of Westfield State Farms, which under her administration has become an outstanding women's reformatory, Miss Additon has had a remarkable career. It has been distinguished by a deep respect for all human beings and graced with courage and good humor. Retired or not, she is badly needed, and we wish her many more years of useful work.

Another official who recently "retired" into active service is Robert Zahm, for many years probation director in the Erie County (Buffalo), N.Y., courts. Mr. Zahm, who started his career in 1912 as a volunteer city probation officer and was appointed a county probation officer in 1914, is

now an investigator for the public defender in Buffalo and assistant manager at the Sheraton Hotel there.

Abraham N. Fauer, seventy, chief parole officer of the New York City Parole Commission, will retire on February 1, after fifty years of public service, nearly all of it in the correctional field. Mr. Fauer has been associated with the Parole Commission since 1916, when it was instituted.

Henry J. Mascarello, executive director of the United Prison Association of Massachusetts, resigned on December 31 after twenty-one years in correctional work, the last eighteen of them with the UPA, to become assistant secretary of the Graphic Arts Society of New England.

Warren Olney has been appointed Director of the Administrative Office of the United States Courts. For five years until October, 1957, Mr. Olney was head of the Justice Department's Criminal Division. Before that, he served as professor of law at the University of California at Berkeley, as executive officer of the California Crime Commission, as Deputy Attorney General of California, and as Assistant District Attorney for Alameda County.

Brigadier General Oscar J. Jahnsen was appointed to the California Adult Authority by Gov. Goodwin J. Knight on December 11. In 1921 he became a special investigator for the Oakland Police Department; from 1925 to 1939 he was in charge of all criminal and

civil investigations for Alameda County district attorney Earl Warren and also served during part of that period as instructor in law enforcement subjects at San Jose State College. Most of Gen. Jahnson's fifteen years of active military service has been spent in law enforcement work.

Henry J. Palmieri, superintendent of Boys Town of Missouri, has been appointed as administrator of the Division of Desertion and Nonsupport in the Allegheny County Court, Pittsburgh. Mr. Palmieri previously was probation director for the District of Columbia juvenile court and chief probation officer for the Juvenile and Family Court, Richmond.

Willis O. Thomas joined the NPPA staff last October as consultant assigned to the Citizen Action Program in Michigan and Indiana. From 1954 he was chief probation officer of the juvenile court in Franklin County (Columbus), Ohio; previously, he had been in social casework with the Children's Aid Society in Buffalo, delinquency prevention with the Courtland (N.Y.) Youth Bureau, and parole at the federal prison in Fort Leavenworth. Mr. Thomas received his master's degree in social administration at Ohio State University.

Prof. Walter C. Reckless has transferred to the Department of Sociology at Ohio State University, after seventeen years of being in charge of the correctional training program there. His place in the School of Social Administration has been taken by Richard Clendenen, formerly of the U.S. Children's Bureau.

The Sacramento County, Calif., probation department has issued three leaflets and two brief pamphlets for juvenile probationers and their parents. Titles are "What Probation Means," "Do You Want Work?", "Parental Responsibility," "So Your Child Drives!", and "What Can I Do?" Samples are obtainable on request to the Sacramento County Probation Office, Room 300, Courthouse, Sacramento, Calif.

An appropriation for eleven new positions—two casework supervisors, six probation officers, and three senior case stenographers—has been approved in the 1958 budget of the Erie County (Buffalo), N.Y., probation department. The additions were sanctioned by the Supervisors Finance Committee when it became convinced that understaffing prevented the department from getting reports out promptly and that this delayed sentences and kept the jail and detention home full. As one supervisor put it, "If we don't speed up sentences, we are faced with building another \$1,000,000 addition to the County Jail."

A consulting psychiatrist, a clinical supervisor, and two psychiatric caseworkers have been added to the clinical staff of The Children's Village, a residential treatment school for disturbed and delinquent boys at Dobbs Ferry, N.Y. The appointments bring the clinical staff to twenty-five.

The Children's Village has been selected by the Research Center of the New York School of Social Work, Columbia University, as the subject of a three-year study of problems and practice in institutional rehabilitation of delinquent children. The study,

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financed by a \$130,000 grant from the Ford Foundation, will be directed by Profs. Richard A. Cloward and Lloyd E. Olshin. The purpose of the research project, which will cover several institutions in addition to the one already chosen, is to discover how five types of human relationships in institutional life affect rehabilitation of delinquent children. The five are: (1) How the youngsters' codes of behavior and social structures affect their participation in the formal activity of the institution; what types of children emerge as leaders and what types as isolates; what changes are required by the peer group as the price of acceptance. (2) How the youngsters' social structure affects the structure of the institution and how the institutional program conditions the types of youngsters who become leaders and those who become isolates. (3) How interdepartmental relationships with staff affect youngsters. (4) How external pressures can affect institutional programs—for example, local community attitudes, reimbursement rates by governmental agencies for different types of programs, requirements of courts which commit children. (5) How needed social changes can be made in juvenile institutions.

California Governor Goodwin J. Knight established a Special Study Commission on Juvenile Justice in September, 1957, to aid the state's Board of Corrections in studying "all matters related to juvenile justice and the protection of minors." He pointed out that California's juvenile law has not been comprehensively revised since 1913 and that changes in it are urgently needed if it is to provide equitable legal procedures which meet the complex needs of modern society.

Project Director of the Commission is John A. Pettis, Jr., who was Assistant Project Director of the American Bar Association's Survey of the Administration of Criminal Justice in the U.S. from 1953 until 1957. Members of the Commission are: its chairman, Mrs. Mildred M. Prince, attorney, civic leader, and teacher; William Dienststein, Associate Professor of Social Science and Criminology at Fresno State College; Robert Kingsley, Dean of the University of Southern California Law School; Mrs. Beulah K. Spencer, San Gabriel, past president of the California P.T.-A.; and George Vaughns, Oakland attorney.

The Committee on the Older Girl and the Law, a special group created by the California Governor's Advisory Committee on Children and Youth, has undertaken a study of girls and young women sixteen through twenty-four years old who are detained or arrested in California. The study financed by the Rosenberg Foundation, arises out of a situation in which girls and young women are not referred for treatment because there is none to offer and treatment programs have not been established because there have been no referrals. The study will (1) determine the size of the groups of girls and young women and the nature of their offenses, (2) describe their characteristics and the nature of their problems, and (3) examine the processes by which they are now handled and the treatment programs available to them.

The fourth annual Institute on Detention, sponsored by the Virginia Conference of Social Work, will be

held on April 29-30, at the Hotel Roanoke, Roanoke, Va. Institute registration is \$6. Dr. Patricia Denton (see p. 43) and Herbert Krueger, chief of the Bureau of Juvenile Probation and Detention, Department of Welfare and Institutions, Virginia, will give the main presentation. Donald A. Barrow, assistant chief of the Bureau, promises that "Southern hospitality can be assured all who attend." Interested persons are requested to write to Mr. Barrow for reservations or further information.

Search for Love, Lucy Freeman's new book, is a collection of letters to Miss Freeman from all sorts of people with all sorts of personal problems—letters sparked by her earlier volume on her own psychoanalysis, *Fight Against Fears*. These letters, and Miss Freeman's answers to them, are of three sorts: those describing the many symptoms of psychological trouble (part 1, "The Unloved"); those asking for information about various kinds of cures which, by and large, have not been successful—electric shock, surgical cures, dianetics, lectures (part 2, "Whistling in the Dark"); and those which discuss analysis ("The Second Chance"). Through Miss Freeman's answers to each letter runs her faith that "the second chance" can work if given a chance.

Because of this assurance, and because the author steers clear of all technical terminology, *Search for Love* is the sort of book which correctional workers might use to introduce someone in severe psychological distress to the idea of psychoanalytic therapy. The author has used several law-breakers' stories as illustrations of the emotional roots of behavior. *Search*

for Love is published by World Publishing Co., and sells for \$3.75.

The Eighty-Fifth Annual Forum of the National Conference on Social Welfare will convene in Chicago, May 11-16, at the Sherman and Morrison hotels. An important innovation planned for the conference will take place on Wednesday, May 14, when every session will be devoted to one major human problem, "The Broken Family." NPPA will conduct two meetings, one on May 13, the other on May 15. For further information write to NCSW, 22 West Gay St., Columbus 15, Ohio.

A new interdisciplinary group composed of social workers and historians, the Committee on the History of Social Welfare, has developed from interest crystallized by Karl de Schweinitz' paper at the 1956 meeting of the Council on Social Work Education (*Social Service Review*, June, 1956). The committee's purposes relate, on the one hand, to the teaching of social welfare history and, on the other, to the encouragement of historical research as a means to broaden and deepen the understanding of the backgrounds of social welfare and social work. The Committee's first activities include publication of an informational bulletin for the membership and sponsorship of a workshop at the 1957 CSWE meeting in Los Angeles. Professor Norris E. Class of the University of Southern California is the chairman. Charter membership is open to all interested persons. Annual dues are \$2.50. Complete information may be secured from the secretary-treasurer, Dr. Ralph E. Pumphrey,

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Graduate School of Public Administration and Social Service, New York University, Washington Square, New York 3, N.Y.

Under Hawaii's law, a delinquent confined to training school for the duration of his minority is turned loose without counseling or parole when he reaches the age of twenty. Some trenchant statistics on the danger of disregarding the need for after-care services for such persons appeared in an editorial in the *Honolulu Star Bulletin*, November 30, 1957:

One-fourth of them later land in Oahu Prison.

Of those released before reaching twenty and kept on parole with counseling, only 6 per cent finally reach Oahu Prison.

Highlights from "Some Facts about Public State Training Schools for Juvenile Delinquents," U.S. Children's Bureau, Statistical Series, No. 33, based on data supplied in 1953 by 109 schools:

Most training schools have authority to transfer children to other types of institutions without referral to the committing court. These include institutions for the mentally retarded, physically disabled, psychotic, and adult criminals.

Seventy-three of the 109 training schools could transfer a child to another institution without referral to the committing court. Some of the schools had such authority to transfer to only one institution; a few schools had authority to make such a transfer to several institutions.

Fifty-five schools could transfer a child to a mental institution; 49 schools could transfer a child to a tuberculosis sanatorium; 36 schools could transfer a child to an institution for the mentally retarded; 30 schools could transfer a child to a penal institution. . . .

Nearly all schools had day cottage personnel and academic teachers employed full-time but only 8 out of every 10 schools had full-time nurses; a similar proportion of the schools had full-time vocational education teachers. About 6 out of 10 schools had full-time social workers and full-time recreation workers on their staff. Physicians, dentists, chaplains, and psychologists were available principally on a part-time basis in many schools. About 3 out of 10 schools had a part-time psychiatrist. Only 6 schools had a full-time psychiatrist. . . .

Of the 9 groups of employees [after-care supervisors, academic teachers, day cottage personnel, night cottage personnel, nurses, recreation workers, social workers, superintendents, and vocational education teachers], superintendents and social workers had the highest formal education. Seventy-six per cent of the superintendents and 79 per cent of the social workers had some graduate education. Of the 41 superintendents reporting graduate degrees, 17 had master's degrees in social work and 14 had master's degrees in education. The large majority of the teachers and recreation workers had completed college or had some graduate education. All the nurses either had been trained in a school of nursing or had attended college.

A relatively large proportion (45 per cent) of the vocational education teachers had not gone beyond high school. Cottage personnel had the least formal education—63 per cent of the day cottage staff and 81 per cent of the night cottage personnel had not gone beyond high school.

Superintendents and vocational education teachers had the longest period of employment in the schools where they were working. They had been employed on the average for over 5 years. At the other extreme, the average length of employment of social workers was slightly over 2 years. Night cottage personnel and recreation workers averaged less than 3 years employment in the schools.

As might be expected, superintendents received the highest average annual sal-

ary (\$5,679); aftercare supervisors averaged \$4,107 per year; social workers, \$3,825. The lowest salaries were paid to the cottage personnel. Day and night cottage personnel received average annual salaries of \$2,684 and \$2,480 respectively.

The average work week was over 40 hours. The average work week for all employees except superintendents ranged from 41.7 hours for academic teachers to 46.9 hours for night cottage personnel. Many of the superintendents reported that they worked over 50 hours a week or were on call 24 hours a day. . . .

Training schools use a variety of formal modes of discipline. The disciplinary measures employed and the number of schools using them are enumerated below:

deprivation of privileges	104	schools
placement in security unit or		
lost privilege unit	64	"
extra or unpleasant work	39	"
demerit-merit system	20	"
corporal punishment	17	"
restricted diet	13	"

The large majority of the schools used more than one disciplinary measure. Sixteen schools used only one disciplinary measure, usually deprivation of privileges. . . .

Resolutions Passed at National Institute on Crime and Delinquency, July 14-17, 1957, Denver

APPRECIATION

Be it resolved that the National Probation and Parole Association extend its warmest appreciation to the Western Probation and Parole Association and the Colorado Probation and Parole Association for their outstanding leadership and cooperation in planning and conducting this joint Institute, and particularly commend Wayne Patterson, James Eakins, Fred

Finsley, and their committees for their notable contribution to the success of this Institute, and

Be it further resolved that the National Probation and Parole Association join with the Western Probation and Parole Association and the Colorado Probation and Parole Association in extending thanks to His Excellency Governor Stephen McNichols and all the officials and people of the State of Colorado and the City of Denver, whose hospitality and lively interest contributed so much to this Institute.

JUVENILE COURTS AND LOCAL COMMUNITY SERVICES

Whereas such oversimplified answers to the problem of delinquency as publishing names, punishing parents, and "getting tough" have been tried and have failed, and

Whereas the juvenile courts are a major public agency in the community for dealing with delinquency, and the majority of the juvenile courts in America do not have the staff and facilities essential to the discharge of their public mandated responsibilities, now therefore

Be it resolved that the National Probation and Parole Association urge all communities to support their juvenile courts fully and more vigorously by providing the services and facilities essential to the complete discharge of their responsibilities, and

Be it further resolved that the National Probation and Parole Association urge the formation of strong citizen advisory committees to those agencies serving children and families for the purpose of giving leadership for the maximum development of those local community services and

facilities essential to the prevention, control, and treatment of delinquency.

CITIZEN ACTION PROGRAM

Whereas there is a compelling need for an all-out nation-wide effort to attack the nation's major social problems of delinquency and crime, and

Whereas the present project of citizen leadership and action of the National Probation and Parole Association in a few states is demonstrating a hopeful and forceful effort in this behalf, now therefore

Be it resolved, that the National Probation and Parole Association seek substantial funds, commensurate with the nation's capacity, to extend the scope of its present demonstration into a major nation-wide program whereby the top citizen leadership will be organized in *every* state which requests the project, to work with the bench, bar, and professional agencies in a concerted attack on delinquency and crime.

H.R. 672

Whereas the National Probation and Parole Association recognizes that further progress in the understanding and control of delinquent behavior depends to a considerable extent upon coordination of the efforts of the many agencies and persons who are actively working and studying in this field, and

Whereas the projects and programs needed often extend through and beyond the boundaries of local communities, counties, and states, so that the task of coordination can be accomplished only by a nation-wide agency, and

Whereas the welfare and mental health of the people of the United States is declared in the Constitution and elsewhere to be of legitimate concern to the Congress of the United States, now therefore

Be it resolved that the National Probation and Parole Association express its approval both of the spirit and the specific provisions of H.R. 672, introduced January 3, 1957 by Representative Edith Green and entitled "A Bill to provide for assistance to and cooperation with states in strengthening and improving state and local programs for the control and treatment of juvenile delinquency," and

Be it further resolved that copies of this resolution be sent to all members of the appropriate committees of the Congress, to the officers of the two Houses thereof, to the President of the United States, and to the Secretary of Health, Education, and Welfare.

PUBLIC FUNDS FOR TRAINING

Whereas it is recognized that the lack of sufficient professionally trained personnel is a major impediment to the full development of probation, parole, and other correctional services, and

Whereas the efficient and effective use of public funds appropriated for juvenile and adult correctional services depends upon the availability of a sufficient number of trained personnel, and

Whereas the need for public support of training programs for personnel in the field of juvenile correction is recognized in H.R. 672, entitled "A Bill to provide for assistance to and cooperation with states in

strengthening and improving state and local programs for the control and treatment of juvenile delinquency," and

Whereas there is an equivalent need for public funds for the training of personnel for the field of adult correction, now therefore

Be it resolved that the National Probation and Parole Association, through its Professional Council, develop a program defining the responsibility of the states and federal government for the training of adult correctional personnel.

OVERCROWDING OF INSTITUTIONS

Whereas the overcrowding of juvenile and adult correctional institutions is a major problem facing practically every state in the nation, and

Whereas such overcrowding negates the development and carrying out of effective treatment programs within the institutions, now therefore

Be it resolved that the responsible public officials of every state give immediate attention to planning for the construction and staffing of correctional institution facilities to meet present and future capacity requirements, and

Be it further resolved that construction plans provide the type of facilities wherein the administration and staff can carry out the charge that all institutions serve a correctional purpose: to re-educate and redirect the attitudes and behavior of those in their custody, and

Be it further resolved that the projection of correctional institutional population and building requirements should consider the development and maximum use of probation, parole,

and local community facilities to the end that institution capacity need be planned for only those juvenile and adult offenders who need correctional institution custody and care, and

Be it further resolved that this resolution be forwarded to the Council of State Governments for distribution to the governor of each state.

COMPACT ON DETAINERS

Whereas the Parole and Probation Compact Administrators' Association, in cooperation with the Council of State Governments, the American Correctional Association, the National Probation and Parole Association, and others, has developed draft legislation for the disposition of detainees within states and a model compact known as the "Agreement on Detainers" for disposition of detainees between states or between a state and the federal authorities, and

Whereas the problem of long-standing detainees has for years been serious and affects correctional administration and the proper implementation of parole as well as rehabilitation of offenders, now therefore

Be it resolved that the National Probation and Parole Association extend congratulations to the states which during the 1957 legislative sessions enacted these important legislative proposals, and that the remaining states be urged to enact the same at their earliest opportunity, and

Be it further resolved that the Congress of the United States be respectfully requested to enact similar legislation bringing the federal government into the Agreement on Detainers as a full party.

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Report of Nominating Committee, National Probation and Parole As- sociation, July 17, 1957

The Nominating Committee submits the names of the following candidates for election to the Board of Trustees:

For one-year term—

Miss Henrietta Additon, New York
Mr. Sanford Bates, New Jersey
Mr. Joseph Y. Cheney, Florida (representing the Professional Council)
Mr. Joseph H. Hagan, Rhode Island (representing the Professional Council)
Mr. Daniel E. Koshland, California
Hon. George W. Smyth, New York
Dr. Channing H. Tobias, New York

For two-year term—

Mr. Ward M. Canaday, Ohio
Mr. Guy J. D'Antonio, Louisiana
Mr. Irving W. Halpern, New York
Mr. Frank C. Van Cleef, Ohio

For three-year term—

Mrs. Julius Ochs Adler, New York

Hon. Edward L. Garvin, New York
Mr. Karl Holton, California
Mr. Norman E. Isaacs, Kentucky
Mr. Herbert W. Kochs, Illinois
Hon. Bolitha J. Laws, Washington, D.C.
Mr. J. Kirby McDonough, Texas
Rt. Rev. Msgr. John O'Grady, Washington, D.C.
Mr. Telford D. Orbison, Indiana
Hon. Paul Reardon, Massachusetts

The Committee wishes to advise that vacancies remain on the Board and that suggested names of candidates to fill these vacancies are sincerely requested.

Please notify the chairman or any committee member as to candidates to be proposed.

Respectfully submitted,

Randolph Wise
Paul Keve
Maurice Koblentz
Wayne Patterson
J. Carrell Larmore

Employment Opportunities

[Employment opportunities not included below because of JOURNAL publication deadlines are described in a mimeographed announcement available at request from the Midwestern office of the National Probation and Parole Association, 1536 Vincennes Avenue, Chicago Heights, Illinois.]

Santa Rosa, California

Probation Worker, Sonoma County. College graduate with a minimum of one year of experience in probation or parole work. \$4,704 to \$5,640; liberal vacation and other benefits. Final filing date for written examination, Jan. 27; exam will be given on Feb. 8. Apply to Sonoma County Civil Service Commission, Administration Bldg., Santa Rosa, Calif.

Portland, Maine

Assistant Chief Juvenile Probation Officer, man or woman, Portland Municipal Court. Master's degree in social work is required; one or two years of experience working with juveniles in a good social agency is highly desirable. Salary, \$5,000 to \$6,000, depending on experience. Write, describing education and experience, to David W. Armstrong, Chief Juvenile Probation Officer, Portland Municipal Court, Portland, Me.

New York, New York

Social Work Supervisor, woman, a new position in private aftercare agency serving court and prison cases. MSW and

administrative ability necessary. Salary, with or without maintenance, is open. Write Miss Dorothy Koelsch, Executive Director, Women's Prison Association of New York, 110 Second Ave., New York 3, N. Y.

Dayton, Ohio

Probation Counselors, men and women, for expanding juvenile and domestic relations court and detention home; present staff to be doubled during construction of new building. BA required; caseworkers with graduate training and supervisory or other experience eligible for rapid advance. Good references, stability, and capacity to grow also required. Counselors' salary, \$4,800 to \$5,200; Assistant Supervisors', \$5,300 to \$5,600; Supervisors', \$5,700 to \$6,000; all depending on qualifications. Write Mark Eshbaugh, Administrative Assistant and Referee, Montgomery County Juvenile Court, Rm. 301, New Courthouse, Dayton 2, Ohio.

Pittsburgh, Pennsylvania

Superintendent, Gumbert (Allegheny County) School for girls of 12 to 16; maximum population, 68. Required are BA in social services—sociology or psychology; professional social work with problem or neglected children; and administrative experience. \$9,000 with maintenance; increments. Write John H. Morgart, 240 S. Winebiddle Ave., Pittsburgh 24, Pa.

Charleston, South Carolina

Probation officers (2), male, Domestic Relations Court. Bachelor's degree; one year experience in social welfare or similar agency, or one year of graduate training in recognized school of social work. \$3,900 and travel allowance. Write to

Judge C. B. Pearce, Domestic Relations Court, Charleston, S. C.

Seattle, Washington

Caseworker-probation officers, men and women, to work with dependents and delinquents; do diagnostic investigations and supervise probationers. Good casework supervision and psychiatric consultation, in-service and student training, and advancement opportunities. MSW required; one year of graduate training plus one year of social work experience may be accepted. \$4,920 to \$5,880, according to qualifications. Retirement and social security plans. Write Martin Falsberg, Assistant Director, King County Juvenile Court, 1211 East Alder, Seattle 22, Wash.

Washington

Superintendent, Washington State Reformatory at Monroe. Population, 720 (average age, 22); staff, 210. Minimum qualifications: 5 years of progressively responsible supervisory or administrative experience in an adult correctional institution, including overall responsibility for planning, organizing, and supervising a program such as institutional business management, custody, or rehabilitation; and either a college degree or additional experience. \$9,552 to \$11,400; quarters, maintenance, and transportation are provided; state retirement system plus social security. Department of Institutions wants to fill this position as soon as possible. Round trip transportation expense offered to five top applicants for oral examination, to be conducted by State Personnel Board in Seattle or Olympia. For bulletin and application form, write immediately to State Personnel Board, 212 General Administration Bldg., Olympia, Wash., or phone Fleetwood 25611, Ext. 8071.

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Book Reviews

The Sutherland Papers, Albert Cohen, Alfred Lindesmith, Karl Schuessler, eds. Pp. 330. Bloomington, Indiana University Press, 1956, \$5.

The writings and research of the late Edwin H. Sutherland, long regarded during his lifetime as the dean of American criminologists, constitute a rich legacy to the fields of criminology and penology. A reading of the papers and selections in the posthumously gathered *Sutherland Papers* should speedily dissipate any lingering doubt of the essential soundness and scientific probity of his contributions to modern criminological knowledge. For Professor Sutherland was, in a sense, a perfectionist, and nothing short of the most painstaking honesty and fidelity to scientific fact was acceptable to him.

It was for this reason perhaps—although this is not commonly known—that he was his own most devastating critic. In this volume, consisting of excerpts from larger published writings, fugitive published papers, unpublished commentaries, and formal and informal addresses, we gain some perspective upon the dimensions of his mentality. We obtain a penetrating insight into the way in which some of the most provocative elements of his thinking were developed, and into the painstaking care he exercised in re-evaluating concepts which were open to question. Since many of the papers appearing in this volume have not previously been readily accessible, this publication should prove of considerable value to professional criminologists and penologists.

One of Sutherland's greatest contributions to American criminology was his criticism. That he himself was not immune to criticism by others can be seen in the way he reacted to pressures to modify the principle of "differential association," with which his name is perhaps most prominently associated. This principle, an effort to formulate in specific theoretical terms the causation of crime, is perhaps the most notable effort made by an American criminologist to develop a comprehensive explanation for the phenomenon of crime. It is not generally known, however, that Sutherland was distinctly aware of some of its major shortcomings and, toward the end of his career, was attempting to restate this conception in a form which took account of some of the exceptions to the doctrine which his critics were pointing out.

The theory, in its original form, applied most cogently to those areas in which criminal behavior was learned and, as such, was viewed by Sutherland as operating within a "closed system"—one in which criminal patterns of behavior were systematically inculcated. For those who are professionally engaged in criminological research, however, the theory has much broader implications and Sutherland, before his untimely death, was on the verge of incorporating within its framework the concepts of "opportunity" for crime, the intensity of need, the possibility of "alternate behavior," and "susceptibility" to criminal motivation. The latter particularly, as the present reviewer has learned in his own research and which

he has come to regard as "suggestibility to crime," may prove a provocative concept. It is unfortunate that Sutherland did not have occasion to complete his work in this area.

Sutherland was a remarkable combination of an original theorist and a staunch protagonist of what Thomas Huxley used to refer to as "the little facts"; i.e., the solid and substantial underpinning upon which all sound theory must rest. For this reason, he was extremely suspicious of fads and cults in an area of human knowledge in which, unfortunately, cults and fads have been all too common. Many of the selections appearing in this volume, therefore, are devoted to criticism of points of view which have enjoyed, and are still enjoying, wide vogue, despite the fact that their scientific validity is highly questionable. The point is, however, that Sutherland's criticism was never capricious but was based upon highly detailed and specific expositions of major weaknesses.

A case in point and a brilliant example of his method is his devastating critique of William Sheldon's *Varieties of Delinquent Youth*, prepared in 1951 toward the end of his career. Typical of his approach is the logical order in which the propositions of his criticism are articulated, his insistence upon precise formulation of the concepts being employed, and his acute awareness of the *kinds* of facts which are relevant to the point of view being advanced. His exposition of some of the major weaknesses in the work of Hooton, Sheldon, and some of the earlier work of the Gluecks, in these respects, becomes a kind of critical *tour de force* from which criminologists today might benefit appreciably. Not the least of

his critical abilities was his tendency to rearrange the *same* facts to indicate not only the weakness of the theory in question, but frequently to indicate that the converse might equally apply—a critical device applied with particular effectiveness in the Sheldon study. Thus, in commenting on the Sheldon data, he is moved to state with wry, although probably unintentional, humor that the findings of the study are "in direct conflict with [Sheldon's] conclusions" and that this "is probably the most important result of Sheldon's study."

That his acerbity operated on other subjects can be seen in his justifiable concern with the heavy inroads of psychiatric control over the courts and the penal process. "There is no more reason," he states, "for turning over to the psychiatrist the complete supervision of a criminal who is found to be psychopathic than for turning over to the dentist the complete supervision of a criminal who is found to have dental cavities." For those who are conversant with Sutherland's general orientation and theory, this view is comprehensible and plausible.

Although Sutherland was primarily interested in problems of criminal causation, the papers in this volume indicate the broad range of his interests. Organized in topical order and not in chronological sequence, they include most of the major areas of modern criminology: white collar crime, crime and social organization, juvenile delinquency, control of crime, methods and techniques, and evaluation of criminological research. His paper on "Prevention of Juvenile Delinquency," given in 1945, is both timely and illuminating. It describes the attempt to apply to a practical problem certain segments of his

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theoretical thinking and suggests the soundness of a genuine community-oriented approach to the problems of delinquency.

The editors are to be commended for including at the end of this volume a selected bibliography of the work of this most inseminating of our contemporary criminologists.

HERBERT A. BLOCH

Professor, Department of Sociology and Anthropology, Brooklyn College

We Call Them Criminals, Ralph S. Banay, M.D. Pp. 291. New York, Appleton-Century-Crofts, 1957, \$3.95.

Dr. Ralph S. Banay's *We Call Them Criminals* is a forceful, erudite book which is easy to read even if it does necessitate picking up the dictionary now and then to look up some infrequently used words. Its title and its chapter headings would make one believe that the former chief psychiatrist of Sing Sing prison might cover, in this nontechnical book, a good cross section of the kind of population usually encountered in a state prison. Unfortunately, this is not the case. In the section entitled "The Criminal Mind in Action" one meets with an extremely interesting collection of case histories which on closer examination proves to include only those spectacular types of offenders who are of particular interest to the sensation-hungry public press. Thus, Dr. Banay focuses under his microscope the rapist, the female arsonist, the slum-dwelling robber, the assaultive and violent psychopath, the impulsive murderer, the armed robber-murderer of the gangster type, and the mass murderer.

One seeks in vain for the phony-check writer, the embezzler, the swindler,

the burglar, the unlawful automobile driver, the car thief, the numbers racketeer, the drug peddler, the pick-pocket, and other representatives of the professional and nonprofessional criminal fraternity.

This is not to say that Banay has failed to give enough in this book. He certainly demonstrates what a fine contribution psychiatry can make to correctional work. The insights and the explanations he offers are invaluable. His early chapters—"The Causes of Crime," "The Cheapening of Life," "The Young Offender," "Parents Can Help," "Dynamics of Crime," "Alcoholism and Crime"—contain a wealth of keen observations and generalizations which only a practicing criminologist who spends his daily life on the firing line could make. It furnishes profitable reading for any correctional worker wanting to become acquainted with the points of view and range of vision of a prominent representative of his psychiatric colleagues. (This is not to deny that the sociologically minded criminologist will criticize Banay for over-emphasizing emotional disorders and the so-called "obscure" physical diseases in the etiology of crime, at the cost of playing down sociocultural factors.)

This reviewer wholeheartedly agrees with Dr. Banay's recommendation in the concluding chapter of *We Call Them Criminals*: that we provide different types of institutions for the "treatable" and the "nontreatable." But I am not quite as pessimistic about the future possibilities of the present-day prison as Banay seems to be; one can only modify and build on that which already exists. It is never possible to start with a completely clean slate. In this chapter, however—

as throughout the book—a professionally minded correctional worker will encounter many fine ideas he may have glimpsed but never fully expressed.

MAURICE FLOCH

Clinical Psychologist, Detroit House of Correction, Plymouth, Michigan

Jail Administration, Myrl E. Alexander. Pp. 326. Springfield, Ill., Charles C Thomas, 1957, \$6.75.

Students of the jail have long complained of the absence of reference material on the subject. They have noted that there are learned works on penology and the criminal, but very little on jails. Myrl E. Alexander's *Jail Administration* is a good start toward answering this obvious need. As a reference for use in the classroom or for in-service training it is well planned; its fifteen chapters are divided into 166 subheadings and it is well indexed. It has thirty-seven illustrations. But it has other uses: it is also an operating manual for the jail administrator.

Into this authoritative book has gone Alexander's experience as assistant director of the United States Bureau of Prisons, the world's largest prison system. In it is the knowledge the author has accumulated over the years from reports to him by jail inspectors under his supervision, and from his answers to inquiries on jails from governmental units all over the world.

Of necessity, the book is primarily written in general terms because jail conditions vary so widely according to the size of the unit of government served, and the laws and concepts governing the function of the jail (which are different in each jurisdiction).

But the principles expressed in *Jail Administration* apply to jails of all sizes.

This statement must be qualified, however. On page 137, a sentence begins with this phrase: "In the smaller jail with population of less than 300 persons . . ." Alexander here expresses his natural tendency to "think big," and his book treats the subject of large jails quite adequately. It gives, for instance, excellent detailed information on food service for the jail with tiled kitchen, batteries of ranges and steam cookers, and a corps of kitchen workers, including menu makers and their master menus. Other specific subjects, such as the proper ratio of dormitory space to cell space, are also applicable to larger institutions. (Alexander, incidentally, makes a good case for individual cells.)

A recommended list of medical supplies for a jail, and directions for dosages, are given. This shows the care the author has taken to make this book complete and useful. Some of our friends in the medical profession may feel that the book here enters their private field of responsibility, but jail administrators will find it useful.

In fact, all who operate jails used as sentence institutions (as opposed to jails which are purely for prisoners awaiting trial) will find *Jail Administration* of practical value. It is also a convenient source of information for members of local governing bodies—commissioners, supervisors, councilmen, mayors, and judges—when they are faced with providing better, or larger, facilities, or with improving their jails. They can get a good start by using *Jail Administration* and applying it to their local situation.

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This book is surely only the first of many in a long neglected field. And, since there are in the United States a great many more jails with populations of less than 300 than there are jails with larger populations, it is to be fervently hoped that Mr. Alexander, or some other author, of comparable ability, will bring forth more detailed treatments of the little jail—especially of the jail operated by a county sheriff who has devoted most of his life to some other occupation, but who is genuinely interested in raising the standards of his jail (without having to make too great a personal sacrifice) with the help of his constituents and other local officials.

As a tool forged out of accumulated information and experience to fit the hand of anyone who earnestly seeks a solution for jail problems, *Jail Administration* is timely and much needed. It should be used to good effect.

W. S. BRENT

Supervisor of Jails, Virginia Department of Welfare and Institutions

•
Parker on Police, O. W. Wilson, ed. Pp. 235. Springfield, Ill., Charles C Thomas, 1957, \$4.75.

Parker on Police is for the most part a collection of speeches made by the Los Angeles chief of police, William H. Parker. It is edited by O. W. Wilson, long recognized as an authority on police administration.

Chief Parker is well versed in his subject. He has spent more than a quarter of a century in the police service in Los Angeles; he holds an LL.B. degree from the Los Angeles College of Law, is a member of the California State Bar, and has been admitted to practice before the United

States Supreme Court as well. He is a leading exponent of professionalism in police work and of the complete divorce of politics from law enforcement.

Although it is a collection of speeches and has, therefore, a certain amount of repetition, this book holds a surprising amount of interest for all concerned with the many phases of law enforcement. Justifiably, Los Angeles emerges as a criterion of progress in police administration.

The speeches cover a wide range of problems confronting the modern police agency. Parker is especially good on the crime situation in the nation today, public responsibility for its causes and remedy, and the great importance of public and human relations in law enforcement. He has done an excellent job of describing the great changes in police administration in recent years.

Parker's theories of crime and crime prevention are based on the police viewpoint—he emphasizes, for instance, the many obstacles that have obstructed ideal enforcement—and because they are born primarily of his police experience, some of them will not be accepted by other kinds of professionals in correction. For example, he states that "As practicing policemen we are familiar with the fact that the average criminal does not believe that he is doing wrong." My own experience in both the police field and in parole and probation work has been that this is true in only a minority of cases. In this instance Parker has considered only one facet of a many-sided problem.

Excerpts from two speeches made to the Exchange Club touch upon parole and probation; these should be of interest to JOURNAL readers.

The Alcoholic Rehabilitation Center operated by Parker's department is a most interesting experiment; similar rehabilitative work could well be considered elsewhere. Parker, however, rightly questions whether a police department (which is a law enforcement, not a rehabilitative, agency) should be operating such a center. Alcoholic rehabilitation should be undertaken by agencies whose personnel are trained for it. This is, in my opinion, only one of the many problems in police administration outlined in this book which would be at least partially remedied if each community agency's role were more clearly understood by all. As an excellent description of the police role in correction, and therefore as a contribution to that clearer understanding, *Parker on Police* is recommended to all in the correctional field.

THOMAS R. JONES

Chairman-Director, State Board of Parole and Probation, St. Paul

•
Sociology of Deviant Behavior, Marshall B. Clinard. Pp. 599. New York, Rinehart, 1957, \$6.50.

Professor Marshall B. Clinard in *Sociology of Deviant Behavior* has introduced a dynamic approach, a new perspective, a unique methodology, challenging new insights, and functional analyses of data to the problem areas generally comprised under such captions as social problems, social pathology, social disorganization, social psychiatry, and criminology. He has attempted to apply sociological and social psychological theory and concepts to the analysis of major deviations from social norms.

Part I presents a fresh analysis of social norms and culturally approved ways of behavior. The main types of

deviation from these approved behavior patterns are listed and briefly described. The role of contemporary urbanism in the causation of these deviations is clearly pointed out. Part II follows with a comprehensive functional analysis of each of these forms of social deviation. The principal forms of deviant behavior include delinquency and crime, drug addiction, alcoholism, functional mental disorders, suicide, marital and family maladjustments, role and status conflicts of the aged, deviation from the American Creed in respect to the treatment of minorities, and discrimination against certain racial and nationality groups. The final section, Part III, outlines specific plans and programs for the reduction of deviant behavior, with special emphasis upon the group approach to social reintegration.

The thesis is maintained throughout the volume that deviant behavior is human behavior since the same fundamental processes are involved in both deviant and nondeviant behavior. Behavior cannot be sharply differentiated into deviant and nondeviant but rather is found on a continuum from one to the other.

Although the components of personality may be regarded as biogenic, psychogenic, and sociogenic, the sociogenic is the most important in studying both deviant and nondeviant behavior. In fact, the author espouses a sociogenic frame of reference and utilizes such social psychological tools and concepts as personality traits, attitudes, motivation, social roles, self-concepts, and life organization in the explanation of deviant behavior.

The available data regarding three widely accepted theories of deviant behavior are critically examined. The

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first of these theories states that deviations are due to feeble-mindedness. The second theory asserts that deviations are due to physical body type. The third theory maintains that deviations can be explained only in terms of the psychoanalytic hypothesis and psychoanalytic principles.

The author shows that all three theories are defective and therefore highly inadequate for the explanation of deviant behavior. Research studies fail to reveal significant relationships between deviant behavior and intelligence or physical body type. Also, the psychoanalytic conception of the structure of personality (id, ego, and superego), the idea of conflict between the three components of personality, the concept of the unconscious, and similar Freudian ideas have not been proven by empirical research, and therefore cannot serve as a basis for the explanation of deviant behavior. These theories of deviant behavior simply remain as unproven theories, a set of fanciful beliefs and opinions regarding deviant behavior. The author has performed yeoman's service in unmasking these "intellectual rascals."

A major portion of the volume is devoted to an analysis of delinquency and criminal behavior. In this section one is impressed by the emphasis placed upon "delinquencies" instead of "delinquency," "crimes" instead of "crime," "delinquents" instead of "the delinquent," "criminals" instead of "the criminal." The implication of this emphasis for criminology and criminologists is strikingly clear. Crime is not an entity but a pluralism of criminal categories. Also, criminals differ greatly in respect to type; there are many criminal types—the murderer, the sex offender, the property of-

fender, and the "white collar" criminal, not simply "the criminal." Therefore, there should be developed as many special "criminologies" and systems of correctional treatment as there are different criminal types.

The present reviewer is greatly impressed by this stimulating volume. He is, however, disappointed in one respect. *Sociology of Deviant Behavior* fails to include a scientific method for the measurement of deviation from social norms for each of the types of deviant behavior; i.e., criminal behavior, alcoholism, functional mental disorders, suicide, etc.

Extensive case material, personal documents, and other primary source materials illustrate and supplement the discussion of all topics. The most recent material is included on such matters as racial desegregation.

MORRIS G. CALDWELL

Professor of Sociology, University of Alabama

•
Delinquency, Sickness or Sin?, Richard Vincent McCann. Pp. 179. New York, Harper, 1957, \$3.

In this interesting short volume (*Delinquency, Sickness or Sin?*) Dr. Richard McCann, director of the Harvard Divinity School Seminar on Delinquency for its two years of existence (1954-1956), has attempted to reconcile and unify the sometimes divergent approaches to delinquency of religion, psychiatry, and the social sciences. In seeking to think through the problem of the role of the church in the reduction and prevention of delinquency, the seminar group whose experience was the basis of this volume studied the literature on delinquency and then sought direct experience with delinquents by participating in pre-

vention and treatment programs of agencies in the Boston area. While the experience thus obtained is somewhat limited and provincial, to look for it is sound, and the author's use of it is rather different from the conventional accounts of either the individual field practitioner's response to "delinquents I have known," or the theoretician's formulations about delinquents he has seldom seen, let alone worked with.

Dr. McCann begins with a description of a fairly typical day in a juvenile court and notes, quite validly, that most of the offenses of the youngsters are not headline crimes of violence. He describes how a well-organized specialized court attempts to deal with each problem—by mapping out a singular course of action for each individual. This is followed by an account of his work with one of the youngsters he met in the court.

Several chapters on the self-image, or how delinquents (in contrast to nondelinquents) see themselves, follow. These, and one on "Our Sick Society and Youth's Predicament," in which he questions the goals and values presented by our mass media—the press, radio, TV, movies—point up our shaky ethical and spiritual standards and raise questions about some past and present treatment goals and methods. It is these chapters which probably provide the perspectives of most interest to field personnel in court, training school, and other correctional agencies.

Unfortunately, in the second half of the volume Dr. McCann comes to the conclusion that what seems, on much of the existing evidence, to be the problem of only some delinquents, is the universal problem inherent in delinquency: "He [the delinquent]

has little sense of conscience, of sin, or guilt." Dr. McCann then proceeds to espouse the extreme psychiatric explanation of Dr. Ralph Banay, whom he quotes as defining every offender, adult and juvenile, as "sick." All current texts on delinquency and crime present a wide variety of data to suggest that psychopathology is only one of a number of determinants in deviant behavior. In addition to much of this evidence, many field workers would, because of their experience, seriously challenge the conclusion that every delinquent act is a symptom of emotional disturbance. At this time there is no valid evidence to indicate in any way that the range and frequency of emotional disturbance in delinquents is materially different from that of the rest of the child population. This is not to deny that many delinquents have problems—as do many nondelinquents. The assumption that emotional difficulties and delinquency are always and inevitably found together must be questioned. Indeed, it is this very assumption that has probably contributed markedly to the relatively limited success of psychiatric clinics in dealing with delinquents.

To the alternative—sickness or sin?—posed in his title, Dr. McCann answers that delinquency is both sickness and sin. The question may attract the clergy and the lay public. It will also repel professional workers in the field, who see delinquency as not necessarily *either* sickness *or* sin. The field has long striven to shed the moralistic concept of delinquency as sin; adequate objective study has in fact been retarded by this popular misconception, bred by our emotional conviction that delinquents are inherently and willfully immoral.

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Although Dr. McCann sets out to unify the contributions of several disciplines, he concludes by jettisoning all but one, which narrows the scope and usefulness of his work. No one can deny the need for the greater use of clinical knowledge in this field. But to assume that clinical knowledge alone holds all the solutions is dangerous and leads inevitably to failure.

IRVING WEISMAN

Associate Professor, School of Social Work, Hunter College

The Churches and Juvenile Delinquency, Robert and Muriel Webb. Pp. 64. New York, Association Press, 1957, 50¢.

Bookstores and libraries contain many books on juvenile delinquency, too many of them oversimplifying the problem and giving ready panaceas. *The Churches and Juvenile Delinquency* is not such another. In sixty-four pages Robert and Muriel Webb describe the complexities of delinquency and explore some churches' roles in dealing with it. Until this time very little has been written on the church's responsibility for community prevention and rehabilitation programs.

The first half of this booklet admirably explains the causes of delinquency. Perhaps much of our retarded progress in understanding it has been due to the tendency to put the blame on some particular group; all too often we tend to find a convenient scapegoat—parents are at fault, the courts are too lax, our educational system is wrong, religious training is neglected. The fact is that probably none of these in itself is the major cause, though all may share in the total responsibility. Delinquency is

a complex pattern of behavior which involves the individual, the family, and society in general. It may take many forms and have a combination of causes.

Just as there is a tendency to find a single cause for delinquency, there is a tendency to find a single solution for it. It is the authors' opinion that "These panaceas, if taken alone, are of dubious value at best." Among such panaceas for delinquency, the Webbs include curfew laws, punishment of parents, strict punishment of the delinquent child, and outlawing certain kinds of reading material and entertainment. The community should be aware, they point out, that no single law will solve a problem which has such complex and deep roots. Of reading matter, for instance, they say: "A look at history will show that . . . horror and crime stories . . . have always existed. Greek myths are full of crime, promiscuity, and physical violence. Nursery tales . . . are often gruesome."

Church responsibility and relationship to other agencies are discussed in the second half of this booklet. The church is concerned with the problem because, the Webbs state, "delinquency in many aspects represents a problem created where there is an absence of Christian love and often it represents the failure on the part of the community to be Christian in dealing with its children."

The Christian church creates a sense of value and worth for the life of the individual, which is so much lacking in the delinquent child. The church offers an opportunity for children to identify with a group, thus developing the sense of belonging. The church offers counseling for families and troubled children. It

offers a setting where the whole family may participate as a unit in work, worship, and fellowship.

The church must extend its ministry by reaching out to delinquent children and accepting them into its life; congregations need to be prepared for this, since they often feel that normal young people might be contaminated by delinquent children. Studies planned and carried out by church and civic groups should explore the resources of the community in the prevention and treatment of delinquency. A greater use of church recreational facilities is needed. More volunteers to aid service agencies working with youth—such as Big Brothers, YMCA, YWCA, Boy Scouts, Girl Scouts—are important. The church needs to provide religious services and chaplaincy programs in our juvenile institutions, particularly our detention homes. We cannot forget that "the Church is much more than a settlement house or a reservoir of volunteer service. It is the repository of God's grace and of God's concern for men."

REV. HAROLD E. DAVIDSON
Juvenile Diagnostic Center, Columbus, Ohio

•

A Class for Disturbed Children: a case study and its meaning for education, Leonard Kornberg. Pp. 157. New York, Bureau of Publications, Columbia University Teachers College, 1957, \$3.75.

There should be great consolation to the social worker, teacher, group therapist—in fact to any who have labored with the "disturbed" child—in Leonard Kornberg's *A Class for Disturbed Children*. It is indeed refreshing to find a teacher so aware

and so sensitive to the problems of dealing with these "crippled children," as Mr. Kornberg so aptly describes them. And to find that his awareness is not of the "armchair" variety, but came through the crucible of actual struggle with these kids in the classroom—every variety of them—is to be even more impressed by his sincere concern, his probing for the age-old answers to many questions which have long bedevilled teachers of even the so-called "normal."

But more important and more basic is his honest attempt to evaluate the teacher's role. There is in *A Class for Disturbed Children* a detailed anecdotal picture of the actual classroom activity which vivifies the full complexity and the nerve-wracking business of dealing with these boys—the necessity of being aware, alert, and imaginative enough to try to meet their attempts to "test" with their name-calling, their defiance, their subtle jockeying for position with the teacher and the group. The book shows the impact of inner pressures on the child which the teacher can only guess at, but the results of which, in acting-out behavior, he has to deal with daily. And the book shows the teacher's learning process; his discovery of how dangerous it is to offer any physical contact, no matter how well meant, if the boy is not ready; of how one must alternately cajole, demand, and ignore within that carefully delineated structure which is called "permissiveness."

Working in a school with a full clinic complement, Mr. Kornberg raises some very pertinent questions about the problems of clinic-school relations. There is the age-old cry for more information about the child from the clinic. However, Mr. Korn-

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berg does not indulge in the age-old rivalries, though he is aware of them; he honestly seeks the answer from the point of view of the child's needs. In this process of seeking he comes through with a philosophy of teaching as a "dialogue" which has very profound meaning for all disciplines working with the emotionally sick. With this attitude he actually approaches, though perhaps he does not quite recognize, the answer to some of his questions about the role of the therapist *vs.* the teacher in a group: that "facts," either on the boy's background or immediately precipitating events, are not important; that the adult may lean heavily on facts for his own security; but that in the end,

as Mr. Kornberg so clearly indicates in his own handling of these boys, only the acceptance the adult has for these kids (no matter what part of them has been battered, or what particularly painful current experience they are struggling with) makes any difference. Without this acceptance which each tries to find in his own way in each adult, he cannot learn, nor can he live in peace in the world.

This is an alive, thoughtful, and stimulating book over which one can ponder long and come forth richer in depth of feeling about these unhappy children.

MARION COHEN

Director, Treatment Service, Youth House, New York City

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